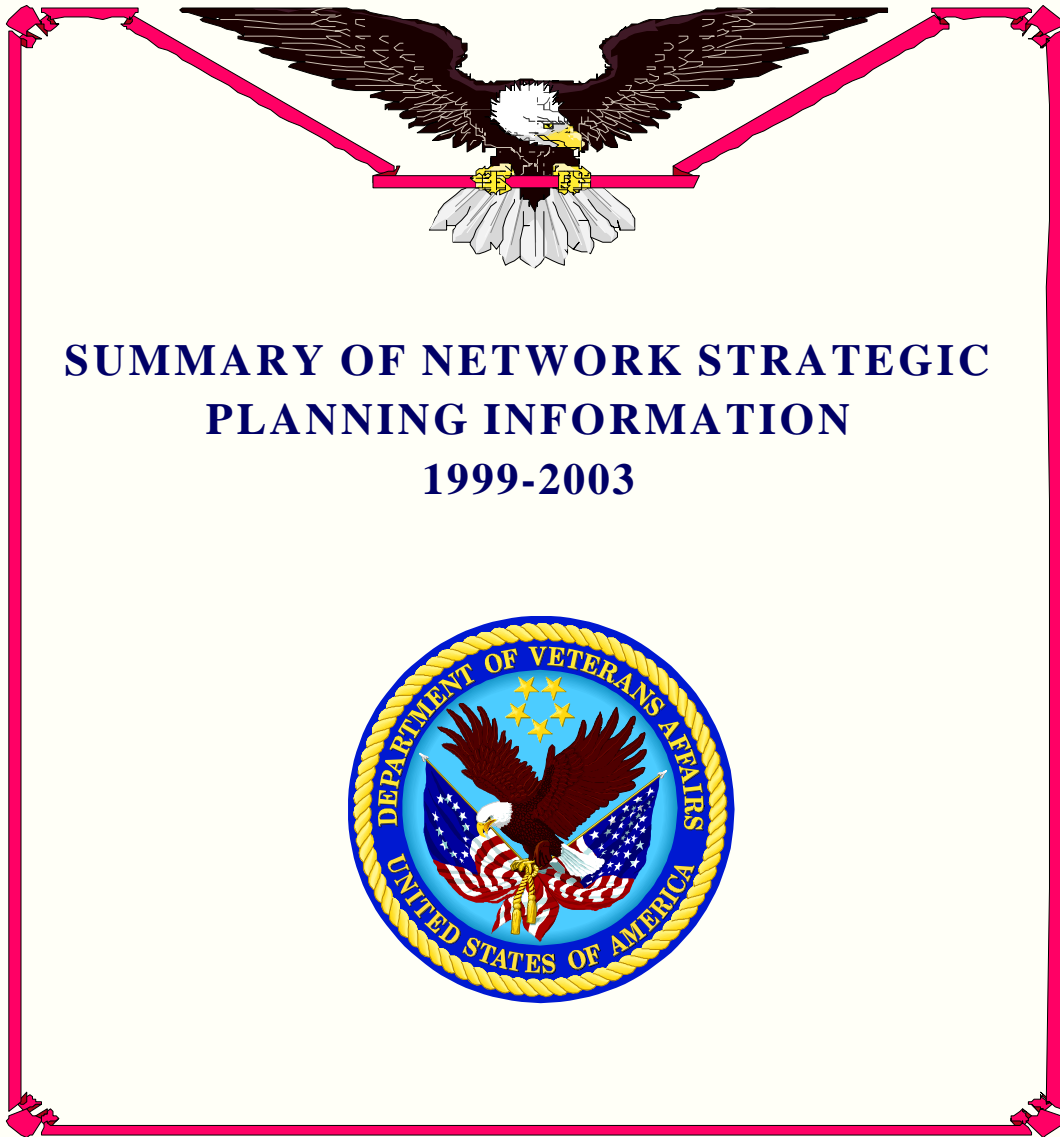


# **DEPARTMENT OF VETERANS AFFAIRS**



## **SUMMARY OF NETWORK STRATEGIC PLANNING INFORMATION 1999-2003**



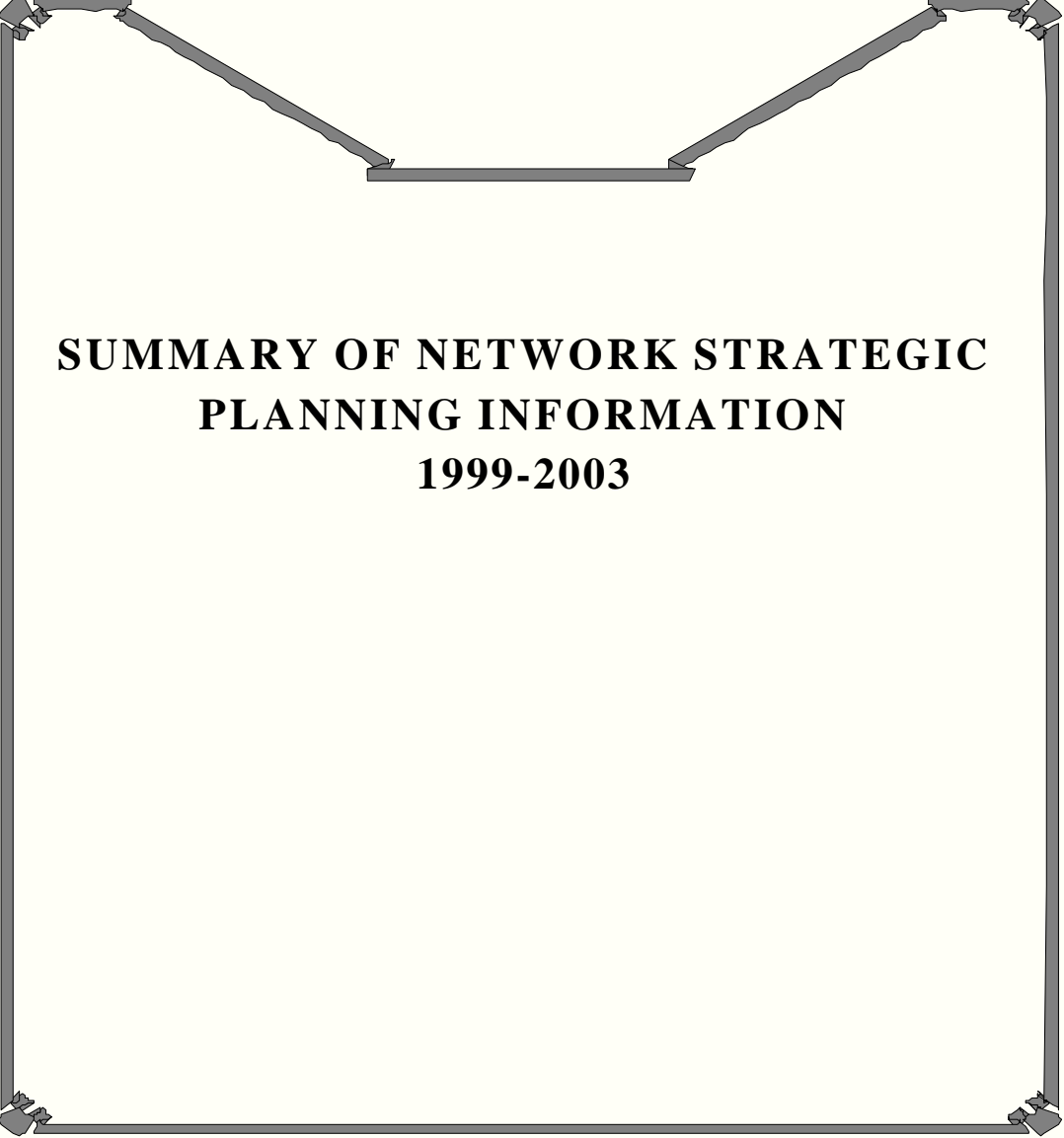
## **VETERANS HEALTH ADMINISTRATION**

**OFFICE OF POLICY AND PLANNING (105)**

**JANUARY 1999**



# **DEPARTMENT OF VETERANS AFFAIRS**



## **SUMMARY OF NETWORK STRATEGIC PLANNING INFORMATION 1999-2003**

**VETERANS HEALTH ADMINISTRATION**

**OFFICE OF POLICY AND PLANNING (105)**

**JANUARY 1999**



## **INTRODUCTION**

VHA has completed the third full cycle of strategic planning for the “new VHA.” Progress is being made toward achieving the “10 for 2002” strategic targets. Annual outcome indicators/performance goals (OI/PG) are being closely tracked to measure performance, make mid-course changes, and to develop additional or revised implementation plans. This Network Strategic Plan Summary builds on the foundation set forth in *Journey of Change II*, the second VHA strategic forecast based on planning by the 22 Veterans Integrated Service Networks (VISNs).

The purpose of this document is to summarize accomplishments and future plans, as reported by the 22 VISNs in four key areas:

1. Selected outcome indicators
2. Budget planning
3. Strategic planning requirements of Title 38 USC Section 8107
4. Capital Asset Planning

**Chapter 1** covers nine important outcome indicators/performance goals (OI/PGs). Four are “10 for 2002” strategic targets and the other five are annual measures. These nine were selected because they are closely monitored measures that are highly associated with accomplishing major VHA goals. They are used generally in planning, budgeting, and performance management and they are reported specifically in the annual Accountability Report that supports the Administration’s efforts to monitor progress to become more efficient, effective, and customer oriented. OI/PGs establish important linkages between VISN initiatives and centralized program requirements and provide oversight in the implementation of key policies and priorities that have been established for re-engineering VHA.

Chapter 1 presents each of the goals with:

1. The national goal and the actual achievement in FY 1998
2. VISN specific progress data, the actual achievement for FY 1998
3. National achievement goals for the years 1999-2003
4. VISN level achievement goals for the years 1999-2003

**Chapter 2** presents VISN specific financial information that was used in preparing VHA’s budget submission for FY 2000 and may be used for other resource management information throughout the year. The spreadsheet displays 1997-2003 actual and estimated resource requirements and workload data for each VISN; including obligations and distribution, FTE, unique patient users, workload episodes, utilization rates, and financial measures. Note that Item 6, Number of Facilities has been omitted. This is due in part to inadequately applying the approved definitions of types of facilities. A separate report will be issued at a later date delineating the number of facilities in VHA.

These budget planning spreadsheets do not necessarily reflect what was presented in the President’s budget. They represent only the initial planning at the VISN level and will require adjustment throughout the year based on actual budget resources available and other programmatic circumstances.

**Chapter 3** summarizes information submitted for inclusion in the Section 8107 Report to Congress. Section 8107 of Title 38 U.S.C. states that “in order to promote effective planning for the efficient provision of care

## **Summary of Network Strategic Planning Information, 1999-2003**

### **Introduction**

to eligible veterans, the Secretary, based on the analysis and recommendations of the Under Secretary for Health, shall submit to each committee an annual report regarding long-range health planning of the Department.” The information in Chapter 3 addresses VISN efforts in four key areas:

1. Special Emphasis Programs
2. Major Mission Changes
3. The capacity of non-Federal facilities in their regions, and
4. Efforts to implement the principles of managed care.

**Chapter 4** includes a Capital Asset Plan Summary of the planning level identified for resources for six categories of capital asset funding:

1. Major construction projects
2. Minor construction projects
3. Non-recurring maintenance
4. Leasing of capital assets
5. Major medical equipment
6. Information technology

A listing of selected FY 1999-2001 projects in the six categories for each VISN is also included in the chapter.

It should be noted that the congressional reporting requirements include a report showing the location, space, cost and status of each medical facility the construction, alteration, lease, or other acquisition of which has been approved and which was uncompleted as of the date of the last preceding report made under this requirement. Also, a report showing the current priorities of the Department for proposed major medical construction projects identifying the projects that have the highest priority. This report, “Priority Major Medical Construction Projects,” was published in February 1999, and transmitted to Congress.

The **Appendix** includes a listing of all 22 Veterans Integrated Service Network Directors. It is recommended that you contact the VISN directly with any questions or comments regarding the information presented for an individual VISN.

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## **CHAPTER 1. SUMMARY OF SELECTED OUTCOME INDICATORS**

**Summary of Network Strategic Planning Information, 1999-2003**  
**Ch. 1 – Summary of Selected Outcome Indicators**

**Summary of Network Strategic Planning Information, 1999-2003**  
**Ch. 1 – Summary of Selected Outcome Indicators**

**GOAL: INCREASE THE NUMBER OF UNIQUE PATIENTS TREATED IN THE HEALTHCARE SYSTEM  
 BY 20% BY FY 2002 (FY 1997 BASELINE = 3,142,065)**

**TABLE I**

<b>FY</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>National</b>						
<b>Goal:</b>	<b>4.4%</b>	<b>14.3%</b>	<b>16.0%</b>	<b>18.0%</b>	<b>20.0%</b>	<b>NA</b>
<b>Actual:</b>	<b>9.2%</b>					
<b>VISN</b>	<b>Actual</b>	<b>Projected</b>				
19	16.8%	19.1%	21.5%	23.9%	26.4%	NA
3	14.6%	17.9%	21.1%	24.3%	27.5%	NA
17	13.4%	22.9%	27.8%	32.9%	38.3%	NA
18	8.8%	10.6%	11.8%	17.3%	27.1%	NA
12	8.5%	14.1%	17.6%	19.0%	20.4%	NA
2	8.0%	16.6%	23.6%	29.7%	34.9%	NA
8	8.0%	15.4%	24.1%	28.0%	31.7%	NA
4	7.3%	11.3%	15.4%	19.4%	23.5%	NA
20	7.1%	9.8%	12.5%	16.5%	20.5%	NA
16	6.8%	12.2%	17.5%	22.9%	28.2%	NA
10	6.7%	12.0%	15.4%	18.8%	22.4%	NA
21	6.6%	12.2%	16.6%	20.2%	23.0%	NA
7	5.9%	11.1%	16.7%	23.7%	31.1%	NA
15	4.8%	12.6%	15.4%	19.6%	21.5%	NA
6	4.6%	8.8%	13.2%	17.7%	23.6%	NA
11	4.4%	8.2%	12.1%	16.2%	20.0%	NA
13	4.2%	8.5%	12.9%	17.6%	22.6%	NA
22	4.0%	7.7%	11.8%	16.4%	21.4%	NA
5	3.8%	10.0%	17.2%	23.0%	29.2%	NA
1	3.6%	8.5%	12.5%	16.7%	20.1%	NA
9	3.5%	8.7%	13.6%	16.9%	20.6%	NA
14	0%	21.5%	22.5%	23.9%	25.1%	NA

NA=Not Available

Sources:	National:	Actual:	VHA Accountability Report, 1998
		Projected:	VHA Performance Plan, 1999
	VISN:	Actual:	1998 Network Performance Report
		Projected:	VISN Strategic Plan, 1999-2003

Summary of Network Strategic Planning Information, 1999-2003  
Ch. 1 – Summary of Selected Outcome Indicators

**GOAL: INCREASE THE PERCENT OF CUSTOMERS RATING VA HEALTH CARE SERVICE AS  
VERY GOOD OR EXCELLENT TO 95% BY FY 2003 - (OUTPATIENT)**

**TABLE II.A.**

<b>FY</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>National</b>						
<b>Goal:</b>	<b>75.0%</b>	<b>79.0%</b>	<b>83.0%</b>	<b>87.0%</b>	<b>91.0%</b>	<b>95.0%</b>
<b>Actual:</b>	<b>64.8%</b>					
<b>VISN</b>	<b>Actual</b>	<b>Projected</b>				
1	71.0%	79.0%	83.0%	87.0%	91.0%	95.0%
2	68.0%	70.0%	79.0%	85.0%	90.0%	95.0%
4	68.0%	79.0%	83.0%	87.0%	91.0%	95.0%
12	68.0%	79.0%	83.0%	87.0%	91.0%	95.0%
14	68.0%	79.0%	83.0%	87.0%	91.0%	95.0%
20	68.0%	75.0%	80.0%	85.0%	90.0%	95.0%
21	68.0%	75.0%	77.0%	79.0%	81.0%	83.0%
8	67.0%	77.0%	81.0%	86.0%	90.0%	95.0%
13	67.0%	79.0%	83.0%	87.0%	91.0%	95.0%
19	65.0%	79.0%	83.0%	87.0%	91.0%	95.0%
18	64.4%	79.0%	83.0%	87.0%	91.0%	95.0%
5	64.0%	79.0%	83.0%	87.0%	91.0%	95.0%
3	63.0%	67.0%	71.0%	79.0%	87.0%	95.0%
6	63.0%	79.0%	83.0%	87.0%	91.0%	95.0%
9	63.0%	79.0%	83.0%	87.0%	91.0%	95.0%
17	63.0%	79.0%	83.0%	87.0%	91.0%	95.0%
22	63.0%	70.0%	80.0%	85.0%	90.0%	95.0%
15	62.0%	79.0%	83.0%	87.0%	91.0%	95.0%
10	61.0%	79.0%	83.0%	87.0%	91.0%	95.0%
11	61.0%	79.0%	83.0%	87.0%	91.0%	95.0%
16	60.0%	79.0%	83.0%	87.0%	91.0%	95.0%
7	55.0%	67.0%	75.0%	83.0%	91.0%	95.0%

Sources:	National:	Actual:	VHA Accountability Report, 1998
		Projected:	VHA Performance Plan, 1999
	VISN:	Actual:	1998 Network Performance Report
		Projected:	VISN Strategic Plan, 1999-2003

**Summary of Network Strategic Planning Information, 1999-2003**  
**Ch. 1 – Summary of Selected Outcome Indicators**

**GOAL: INCREASE THE PERCENT OF CUSTOMERS RATING VA HEALTH CARE SERVICE AS  
VERY GOOD OR EXCELLENT TO 95% BY FY 2003 – (INPATIENT)**

**TABLE IIB**

<b>FY</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>National</b>						
<b>Goal:</b>	<b>75.0%</b>	<b>79.0%</b>	<b>83.0%</b>	<b>87.0%</b>	<b>91.0%</b>	<b>95.0%</b>
<b>Actual:</b>	<b>65.3%</b>					
<b>VISN</b>	<b>Actual</b>	<b>Projected</b>				
13	76.0%	79.0%	83.0%	87.0%	91.0%	95.0%
14	74.0%	79.0%	83.0%	87.0%	91.0%	95.0%
20	74.0%	75.0%	80.0%	85.0%	90.0%	95.0%
19	71.0%	79.0%	83.0%	87.0%	91.0%	95.0%
1	70.0%	79.0%	83.0%	87.0%	91.0%	95.0%
21	70.0%	75.0%	77.0%	79.0%	81.0%	83.0%
2	69.0%	70.0%	79.0%	85.0%	90.0%	95.0%
18	68.3%	79.0%	83.0%	87.0%	91.0%	95.0%
12	68.0%	79.0%	83.0%	87.0%	91.0%	95.0%
22	67.0%	55.0%	65.0%	75.0%	85.0%	95.0%
8	66.0%	72.0%	79.0%	84.0%	89.0%	95.0%
4	65.0%	79.0%	83.0%	87.0%	91.0%	95.0%
15	65.0%	79.0%	83.0%	87.0%	91.0%	95.0%
17	65.0%	79.0%	83.0%	87.0%	91.0%	95.0%
5	63.0%	79.0%	83.0%	87.0%	91.0%	95.0%
6	62.0%	79.0%	83.0%	87.0%	91.0%	95.0%
11	62.0%	79.0%	83.0%	87.0%	91.0%	95.0%
16	62.0%	79.0%	83.0%	87.0%	91.0%	95.0%
9	61.0%	79.0%	83.0%	87.0%	91.0%	95.0%
3	59.0%	67.0%	71.0%	79.0%	87.0%	95.0%
7	59.0%	67.0%	75.0%	83.0%	91.0%	95.0%
10	54.0%	79.0%	83.0%	87.0%	91.0%	95.0%

Sources:	National:	Actual:	VHA Accountability Report, 1998
		Projected:	VHA Performance Plan, 1999
	VISN:	Actual:	1998 Network Performance Report
		Projected:	VISN Strategic Plan, 1999-2003

Summary of Network Strategic Planning Information, 1999-2003  
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**GOAL: INCREASE ALL ALTERNATIVE REVENUES TO INCLUDE MEDICAL COST RECOVERIES, MEDICARE, AND OTHER SHARING REVENUES AS A PERCENTAGE OF THE MEDICAL CARE OPERATING BUDGET.**  
**(FY 1997 BASELINE = REIMBURSEMENT TO TOTAL MEDICAL CARE FUNDS.)**

**TABLE III**

<b>FY</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>National</b>						
<b>Goal:</b>	<b>4.4%</b>	<b>4.6%</b>	<b>5.5%</b>	<b>6.6%</b>	<b>9.1%</b>	<b>10.0%</b>
<b>Actual:</b>	<b>4.3%</b>					
<b>VISN</b>	<b>Actual</b>	<b>Projected</b>				
6	5.5%	5.5%	7.1%	8.3%	10.4%	10.0%
13	5.5%	5.8%	6.8%	8.1%	10.1%	10.1%
18	5.1%	5.1%	6.0%	6.9%	10.0%	10.0%
9	4.8%	5.3%	6.4%	7.5%	10.3%	10.0%
14	4.8%	5.6%	6.9%	8.4%	10.1%	10.1%
1	4.7%	6.2%	6.8%	7.5%	9.5%	10.0%
17	4.7%	4.9%	5.7%	6.8%	9.5%	10.0%
12	4.6%	5.0%	6.0%	7.3%	10.0%	10.0%
5	4.5%	4.1%	4.8%	5.5%	8.3%	10.0%
4	4.3%	4.1%	5.1%	6.4%	10.2%	10.2%
11	4.3%	5.5%	6.2%	7.1%	10.0%	NA
3	4.0%	4.0%	5.3%	6.5%	9.8%	10.0%
7	4.0%	4.6%	5.4%	6.5%	10.0%	10.0%
19	3.9%	4.3%	5.5%	6.8%	10.0%	10.0%
15	3.8%	4.5%	5.8%	8.1%	10.4%	NA
16	3.7%	3.7%	4.9%	6.3%	10.0%	10.0%
10	3.6%	3.8%	4.6%	5.7%	10.0%	10.0%
20	3.6%	3.6%	4.2%	5.0%	6.0%	NA
8	3.3%	4.2%	6.1%	7.9%	10.0%	10.0%
21	2.5%	3.8%	4.9%	6.3%	10.0%	NA
22	1.9%	3.6%	5.4%	7.4%	10.0%	10.0%
2	0.4%	4.8%	5.5%	6.3%	10.0%	NA

NA=Not Available

Sources:	National:	Actual:	VHA Accountability Report, 1998
		Projected:	VHA Performance Plan, 1999
	VISN:	Actual:	1998 Network Performance Report
		Projected:	VISN Strategic Plan, 1999-2003

**GOAL: DECREASE BED DAYS OF CARE PER 1000 UNIQUE PATIENTS  
TO 1300 DAYS BY FY 2003**

FY	1998	1999	2000	2001	2002	2003
<b>National</b>						
<b>Goal:</b>	<b>1,550</b>	<b>1,500</b>	<b>1,400</b>	<b>1,350</b>	<b>1,325</b>	<b>1,300</b>
<b>Actual:</b>	<b>1,333</b>					
<b>VISN</b>	<b>Actual</b>	<b>Projected</b>				
18	980	980	975	970	970	970
22	1,065	1,060	1,060	1,060	1,060	1,060
9	1,092	1,080	1,050	1,000	1,000	1,000
11	1,105	1,500	1,400	1,350	1,325	1,300
21	1,121	1,300	1,300	1,300	1,300	1,200
14	1,164	1,100	1,075	1,050	1,050	1,050
10	1,173	1,300	1,350	1,300	1,250	1,200
19	1,202	1,200	1,200	1,200	1,200	1,200
15	1,219	1,200	1,200	1,200	1,200	1,200
4	1,241	1,500	1,400	1,350	1,325	1,300
8	1,249	1,100	1,000	1,000	975	950
13	1,257	1,200	1,200	1,200	1,200	1,200
16	1,292	1,300	1,300	1,300	1,300	1,300
20	1,296	1,300	1,300	1,300	1,300	1,300
5	1,326	1,360	1,269	1,203	1,142	1,100
2	1,331	1,350	1,225	1,200	1,150	1,100
7	1,361	1,300	1,200	1,100	1,000	900
1	1,364	1,500	1,400	1,350	1,325	1,300
17	1,434	1,446	1,360	1,274	1,188	1,100
6	1,546	1,500	1,400	1,350	1,325	1,300
3	1,574	1,500	1,425	1,365	1,330	1,300
12	1,576	1,050	850	850	850	850

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Ch. 1 – Summary of Selected Outcome Indicators

**GOAL: IMPLEMENT PRIMARY CARE BY INCREASING THE PERCENTAGE OF PATIENTS WHO KNOW THERE IS ONE PROVIDER OR TEAM IN CHARGE OF THEIR CARE TO 96% BY FY 2003.**

**Table V**

<b>FY</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>National</b>						
<b>Goal:</b>	<b>80.0%</b>	<b>87.0%</b>	<b>89.0%</b>	<b>91.0%</b>	<b>93.0%</b>	<b>96.0%</b>
<b>Actual:</b>	<b>78.2%</b>					
<b>VISN</b>	<b>Actual</b>	<b>Projected</b>				
20	85.0%	87.0%	89.0%	91.0%	93.0%	96.0%
8	83.0%	88.0%	90.0%	92.0%	94.0%	96.0%
15	83.0%	87.0%	89.0%	91.0%	93.0%	96.0%
1	81.0%	87.0%	89.0%	91.0%	93.0%	96.0%
13	81.0%	87.0%	89.0%	91.0%	93.0%	96.0%
17	80.0%	87.0%	89.0%	91.0%	93.0%	96.0%
5	79.0%	87.0%	89.0%	91.0%	93.0%	96.0%
6	79.0%	87.0%	90.0%	91.0%	93.0%	96.0%
22	79.0%	85.0%	89.0%	91.0%	93.0%	96.0%
3	78.0%	80.0%	83.0%	87.0%	91.0%	96.0%
4	78.0%	87.0%	89.0%	91.0%	93.0%	96.0%
7	78.0%	87.0%	89.0%	91.0%	93.0%	96.0%
16	78.0%	87.0%	89.0%	91.0%	93.0%	96.0%
18	78.0%	87.0%	89.0%	91.0%	93.0%	96.0%
21	77.0%	87.0%	89.0%	91.0%	93.0%	96.0%
9	76.0%	87.0%	89.0%	91.0%	93.0%	96.0%
19	76.0%	87.0%	89.0%	91.0%	93.0%	96.0%
2	75.0%	87.0%	89.0%	91.0%	93.0%	96.0%
11	75.0%	87.0%	89.0%	91.0%	93.0%	96.0%
12	74.0%	87.0%	89.0%	91.0%	93.0%	96.0%
14	74.0%	87.0%	89.0%	91.0%	93.0%	96.0%
10	71.0%	87.0%	89.0%	91.0%	93.0%	96.0%

Sources:	National:	Actual:	VHA Accountability Report, 1998
		Projected:	VHA Performance Plan, 1999
	VISN:	Actual:	1998 Network Performance Report
		Projected:	VISN Strategic Plan, 1999-2003



**Summary of Network Strategic Planning Information, 1999-2003**  
**Ch. 1 – Summary of Selected Outcome Indicators**

**GOAL: BY FY 2003, EXPAND TO 659 THE NUMBER OF COMMUNITY BASED OUTPATIENT CLINICS (CBOC) AT WHICH VETERANS AND ELIGIBLE DEPENDENTS CAN RECEIVE OUTPATIENT CARE**

**TABLE VI**

	<b>FY</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>1/</b>	<b>National</b>						
	<b>Goal:</b>	<b>430</b>	<b>501</b>	<b>574</b>	<b>602</b>	<b>630</b>	<b>659</b>
	<b>Actual:</b>	<b>391</b>					
<b>2/</b>	<b>VISN</b>	<b>Actual</b>	<b>Projected</b>				
	4	18	13	4	1	0	0
	22	10	8	5	3	3	0
	15	8	6	8	3	3	0
	12	8	12	2	4	3	1
	20	7	5	2	1	0	0
	8	7	8	6	5	2	2
	19	6	7	3	0	0	0
	18	6	10	6	NA	NA	NA
	17	6	11	6	0	0	0
	10	6	7	4	3	2	1
	1	6	6	6	NA	NA	NA
	13	5	4	3	5	5	2
	9	5	5	1	1	0	0
	7	5	8	2	0	0	0
	16	4	19	7	1	5	NA
	11	4	11	6	1	1	NA
	21	3	3	2	2	0	0
	5	3	3	3	3	3	3
	14	2	1	1	1	1	1
	3	2	9	2	2	2	2
	2	2	8	5	5	2	3
	6	1	4	2	2	2	2

NA=Not Available

1/ National statistics are cumulative.

2/ VISN statistics, actual and projected, are annual new starts.

Sources:	National:	Actual:	VHA Accountability Report, 1998
		Projected:	VHA Performance Plan, 1999
	VISN:	Actual:	1998 Network Performance Report
		Projected:	VISN Strategic Plan, 1999-2003

Summary of Network Strategic Planning Information, 1999-2003  
Ch. 1 – Summary of Selected Outcome Indicators

**GOAL: INCREASE THE SCORES ON THE CHRONIC DISEASE CARE INDEX TO 95% BY FY 2001**

**TABLE VII**

<b>FY</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>National Goal:</b>	<b>90.0%</b>	<b>91.0%</b>	<b>93.0%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>95.0%</b>
<b>Actual:</b>	<b>85.0%</b>					
<b>VISN</b>	<b>Actual</b>	<b>Projected</b>				
9	92.0%	92.0%	93.0%	95.0%	95.0%	95.0%
11	91.0%	91.0%	95.0%	95.0%	95.0%	95.0%
16	91.0%	>95.0%	>95.0%	>95.0%	>95.0%	>95.0%
5	90.0%	91.0%	93.0%	95.0%	95.0%	95.0%
14	90.0%	91.0%	93.0%	95.0%	95.0%	95.0%
13	89.0%	91.0%	93.0%	95.0%	95.0%	95.0%
6	88.0%	91.0%	93.0%	95.0%	95.0%	95.0%
7	88.0%	90.0%	90.0%	91.0%	93.0%	95.0%
3	86.0%	92.0%	94.0%	95.0%	95.0%	95.0%
15	86.0%	88.0%	90.0%	92.0%	94.0%	95.0%
19	86.0%	92.0%	94.0%	95.0%	95.0%	95.0%
2	84.0%	91.0%	93.0%	95.5%	95.0%	95.0%
8	84.0%	88.0%	90.0%	92.0%	94.0%	95.0%
12	84.0%	91.0%	93.0%	95.0%	95.0%	95.0%
17	83.0%	91.0%	93.0%	95.0%	95.0%	95.0%
18	83.0%	91.0%	93.0%	95.0%	95.0%	95.0%
4	82.0%	91.0%	93.0%	95.0%	95.0%	95.0%
1	81.0%	91.0%	93.0%	95.0%	95.0%	95.0%
10	81.0%	91.0%	95.0%	95.0%	95.0%	95.0%
20	79.0%	78.0%	83.0%	88.0%	92.0%	95.0%
22	77.0%	80.0%	90.0%	95.0%	95.0%	95.0%
21	68.0%	91.0%	93.0%	95.0%	95.0%	95.0%

Sources:	National:	Actual:	VHA Accountability Report, 1998
		Projected:	VHA Performance Plan, 1999
	VISN:	Actual:	1998 Network Performance Report
		Projected:	VISN Strategic Plan, 1999-2003

**Summary of Network Strategic Planning Information, 1999-2003**  
**Ch. 1 – Summary of Selected Outcome Indicators**

**GOAL: INCREASE THE SCORES ON THE PREVENTION INDEX FROM 85% IN FY 1998  
TO 95% BY FY 2003**

**TABLE VIII**

<b>FY</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>National</b>						
<b>Goal:</b>	<b>85.0%</b>	<b>87.0%</b>	<b>89.0%</b>	<b>91.0%</b>	<b>94.0%</b>	<b>95.0%</b>
<b>Actual:</b>	<b>79.0%</b>					
<b>VISN</b>	<b>Actual</b>	<b>Projected</b>				
16	91.0%	91.0%	91.0%	91.0%	94.0%	95.0%
5	88.0%	87.0%	89.0%	91.0%	94.0%	95.0%
15	88.0%	90.0%	92.0%	93.0%	94.0%	95.0%
9	86.0%	87.0%	89.0%	91.0%	94.0%	95.0%
13	85.0%	87.0%	89.0%	91.0%	94.0%	95.0%
14	83.0%	87.0%	89.0%	91.0%	94.0%	95.0%
6	82.0%	87.0%	89.0%	91.0%	94.0%	95.0%
7	81.0%	85.0%	85.0%	88.0%	90.0%	95.0%
11	81.0%	87.0%	89.0%	91.0%	94.0%	95.0%
19	81.0%	87.0%	89.0%	91.0%	94.0%	95.0%
2	80.0%	87.0%	89.0%	91.0%	94.0%	95.0%
4	79.0%	87.0%	89.0%	91.0%	94.0%	95.0%
8	79.0%	85.0%	88.0%	90.0%	93.0%	95.0%
1	77.0%	87.0%	89.0%	91.0%	94.0%	95.0%
3	77.0%	83.0%	87.0%	91.0%	94.0%	95.0%
10	77.0%	87.0%	89.0%	91.0%	94.0%	95.0%
20	76.0%	79.0%	83.0%	87.0%	91.0%	95.0%
17	73.0%	87.0%	89.0%	91.0%	94.0%	95.0%
12	72.0%	87.0%	89.0%	91.0%	94.0%	95.0%
18	72.0%	87.0%	89.0%	91.0%	94.0%	95.0%
22	67.0%	70.0%	89.0%	91.0%	94.0%	95.0%
21	63.0%	87.0%	89.0%	91.0%	94.0%	95.0%

Sources:	National:	Actual:	VHA Accountability Report, 1998
		Projected:	VHA Performance Plan, 1999
	VISN:	Actual:	1998 Network Performance Report
		Projected:	VISN Strategic Plan, 1999-2003

Summary of Network Strategic Planning Information, 1999-2003  
Ch. 1 – Summary of Selected Outcome Indicators

**GOAL: REDUCE THE AVERAGE COST PER PATIENT BY 30% IN FY 2002.**  
**(FY 1997 BASELINE = \$5,458)**

**TABLE IX**

<b>FY</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>National</b>						
<b>Goal:</b>	<b>-4.5%</b>	<b>-14.4%</b>	<b>-20.8%</b>	<b>-26.7%</b>	<b>-32.4%</b>	<b>NA</b>
<b>Actual:</b>	<b>-10.7%</b>					
<b>VISN</b>	<b>Actual</b>	<b>Projected</b>				
3	-19.3%	-23.6%	-36.1%	-43.2%	-47.0%	NA
19	-15.9%	-18.9%	-25.3%	-29.5%	-32.8%	NA
2	-14.6%	-19.4%	-31.4%	-38.6%	-43.2%	NA
12	-13.8%	-20.8%	-27.6%	-31.5%	34.5%	NA
17	-11.1%	-23.2%	-30.8%	-37.1%	-42.7%	NA
21	-9.9%	-15.5%	-21.7%	-26.9%	-30.1%	NA
1	-9.0%	-17.2%	-26.1%	-32.3%	-37.3%	NA
11	-7.6%	-13.5%	-19.3%	-25.4%	-30.0%	NA
14	-7.3%	-25.7%	-28.5%	31.3%	34.4%	NA
10	-6.7%	-13.3%	-19.5%	-24.6%	-30.0%	NA
4	-6.3%	-12.4%	-20.5%	-26.3%	-30.8%	NA
22	-5.9%	-11.7%	-17.7%	-24.0%	-30.0%	NA
15	-5.6%	-17.6%	-22.0%	-26.9%	-30.5%	NA
6	-5.5%	-10.8%	-16.4%	-22.2%	-30.4%	NA
8	-5.2%	-10.5%	-19.9%	-24.7%	-30.1%	NA
7	-4.9%	-9.3%	-16.0%	-24.2%	30.6%	NA
13	-4.9%	-10.7%	-17.2%	-23.7%	-30.3%	NA
16	-4.7%	-9.7%	-15.8%	-21.1%	-27.4%	NA
18	-4.6%	-7.5%	-10.9%	-14.8%	-24.2%	NA
5	-3.7%	-9.9%	-17.7%	-24.2%	-30.7%	NA
20	-3.6%	-7.4%	-10.8%	-18.4%	-25.7%	NA
9	1.5%	-9.7%	-19.0%	-24.8%	-29.6%	NA

NA=Not Available

Sources:	National:	Actual:	VHA Accountability Report, 1998
		Projected:	VHA Performance Plan, 1999
	VISN:	Actual:	1998 Network Performance Report
		Projected:	VISN Strategic Plan, 1999-2003

## **CHAPTER 2. BUDGET PLANNING**

**Summary of Network Strategic Planning Information, 1999-2003**  
**Ch. 2 – Budget Planning**

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #1 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
	1997	1998	1999	2000	2001	2002	2003
Description	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$30,885	\$36,713	\$22,000	\$0	\$0	\$0	\$0
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$844,505	\$809,080	\$770,636	\$765,523	\$762,346	\$760,145	\$788,688
(b). Specific Purpose (facility specific)	\$97,161	\$80,903	\$81,157	\$86,080	\$91,102	\$95,652	\$98,895
(c). Specific Purpose (overhead)	\$34,980	\$35,373	\$33,878	\$33,878	\$33,878	\$33,878	\$36,182
(2). MCCF Transfers		\$43,087	\$40,005	\$46,106	\$53,618	\$62,432	\$63,868
(3). Medicare Reimbursement		\$0	\$15,566	\$15,566	\$15,566	\$27,723	\$30,249
(4). TRICARE Reimbursement	\$0	\$22	\$156	\$162	\$164	\$170	\$180
(5). Enhanced Sharing Reimbursement	\$899	\$1,254	\$996	\$1,063	\$1,077	\$1,092	\$1,107
(6). VA-DoD Sharing Reimbursement	\$505	\$756	\$679	\$693	\$708	\$722	\$737
(7). Other Reimbursements	\$834	\$743	\$769	\$772	\$774	\$776	\$778
Subtotal New Funds	\$978,884	\$971,218	\$943,842	\$949,843	\$959,233	\$982,590	\$1,020,684
Total Availability (Carryover + New Funds)	\$1,009,769	\$1,007,931	\$965,842	\$949,843	\$959,233	\$982,590	\$1,020,684
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	\$1						
14 Month, expiring ( - )	(\$6)	(\$29,978)	(\$10,000)	(\$10,000)	(\$10,000)	(\$10,000)	(\$10,000)
Multi-year & No-year Carryover ( - )	(\$36,713)	(\$22,000)					
Total Obligations	\$973,051	\$955,953	\$955,842	\$939,843	\$949,233	\$972,590	\$1,010,684
SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001							
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$245,328	\$210,310	\$210,285	\$206,765	\$208,831		
Outpatient Care	\$323,523	\$344,143	\$344,103	\$338,343	\$341,724		
Other Obligations	\$404,200	\$401,500	\$401,454	\$394,735	\$398,678		
Total Obligations	\$973,051	\$955,953	\$955,842	\$939,843	\$949,233		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	10,103	9,604	9,364	9,130	8,902	8,679	8,462
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	156,033	161,660	169,205	174,012	180,538	187,308	187,308
b. Total Prorated Persons (PRPs)	151,925	157,404	164,757	170,934	177,347	182,438	182,438
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.027000						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		132,046	137,044	142,183	147,516		
Discretionary veterans		6,721	8,371	8,684	9,011		
Non-veteran users		18,637	19,342	20,067	20,820		
Total PRPs		157,404	164,757	170,934	177,347		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,976,824	2,076,854	2,034,534	2,100,130	2,167,334	2,236,689	2,308,263
b. Total Inpatients Treated	43,840	42,525	42,100	41,679	41,262	40,849	40,441
Portion Acute	23,454	22,750	22,523	22,298	22,075		
c. Total Inpatient Census	4,801	4,657	4,517	4,382	4,250	4,123	3,999
Portion Acute	724	702	681	661	641		
d. Total Inpatient Beds (Average)	3,100	2,316	2,099	1,923	1,765	1,712	1,661
Portion Acute	771	500	400	344	302		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #1 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997 Base	1998	1999	2000	2001	2002	2003
	Operational Planning Period					Strategic	
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	13.01	13.19	12.35	12.29	12.22	12.26	12.65
b. Inpatients Treated / Total PRP:	0.29	0.27	0.26	0.24	0.23	0.22	0.22
c. Inpatients Treated / Inpatient Census:	9.13	9.13	9.32	9.51	9.71	9.91	10.11
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	39.97	39.97	39.16	38.48	37.60	36.84	36.09
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$6,405	\$6,073	\$5,802	\$5,498	\$5,352	\$5,331	
Percent Change from 1997 Base		-5.18%	-9.41%	-14.16%	-16.44%	-16.77%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-8.98%	-17.19%	-26.09%	-32.30%	-37.25%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		3.61%	8.45%	12.51%	16.73%	20.08%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.23%	4.72%	6.16%	6.78%	7.50%	9.46%	
d. % of Acute Hospital \$s to Tot. Acute + OP \$s	43.13%	37.93%	37.93%	37.93%	37.93%		



# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #2 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
	1997	1998	1999	2000	2001	2002	2003
Description	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$14,655	\$17,644	\$24,227	\$6,000	\$6,000	\$6,000	\$6,000
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$433,566	\$415,820	\$405,327	\$402,997	\$401,298	\$400,107	\$415,551
(b). Specific Purpose (facility specific)	\$26,486	\$27,581	\$25,930	\$26,657	\$27,398	\$28,070	\$28,549
(c). Specific Purpose (overhead)	\$19,415	\$21,092	\$20,200	\$20,200	\$20,200	\$20,200	\$21,574
(2). MCCF Transfers			\$20,199	\$23,279	\$27,072	\$31,522	\$32,247
(3). Medicare Reimbursement		\$0	\$0	\$0	\$0	\$15,000	\$18,000
(4). TRICARE Reimbursement		\$400	\$420	\$446	\$474	\$504	\$535
(5). Enhanced Sharing Reimbursement	\$207	\$248	\$298	\$358	\$429	\$515	\$618
(6). VA-DoD Sharing Reimbursement	\$696	\$837	\$921	\$1,013	\$1,114	\$1,225	\$1,348
(7). Other Reimbursements	\$479	\$575	\$690	\$828	\$993	\$1,192	\$1,430
Subtotal New Funds	\$480,849	\$466,553	\$473,985	\$475,778	\$478,978	\$498,335	\$519,852
Total Availability (Carryover + New Funds)	\$495,504	\$484,197	\$498,212	\$481,778	\$484,978	\$504,335	\$525,852
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$2)	(\$55)	(\$55)	(\$55)	(\$55)	(\$55)	(\$55)
14 Month, expiring ( - )	(\$8)	(\$8)	(\$8)	(\$8)	(\$8)	(\$8)	(\$8)
Multi-year & No-year Carryover ( - )	(\$17,644)	(\$24,227)	(\$6,000)	(\$6,000)	(\$6,000)	(\$6,000)	(\$6,000)
Total Obligations	\$477,850	\$459,907	\$492,149	\$475,715	\$478,915	\$498,272	\$519,789
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$131,700	\$117,276	\$118,116	\$104,657	\$100,572		
Outpatient Care	\$153,222	\$142,571	\$162,409	\$166,500	\$177,199		
Other Obligations	\$192,928	\$200,060	\$211,624	\$204,558	\$201,144		
Total Obligations	\$477,850	\$459,907	\$492,149	\$475,715	\$478,915		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	5,689	5,370	5,182	5,047	4,946	4,847	4,847
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	88,913	95,963	103,640	109,858	115,351	119,965	123,564
b. Total Prorated Persons (PRPs)	84,322	91,003	98,284	104,181	109,390	113,765	117,178
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.054400						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		73,571	79,457	84,225	88,436		
Discretionary veterans		6,479	6,998	7,418	7,789		
Non-veteran users		10,953	11,829	12,538	13,165		
Total PRPs		91,003	98,284	104,181	109,390		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,011,692	1,021,284	1,072,349	1,125,966	1,182,264	1,229,555	1,278,737
b. Total Inpatients Treated	20,812	21,182	20,758	20,343	19,936	19,537	19,146
Portion Acute	11,736	16,533	16,202	15,878	15,560		
c. Total Inpatient Census	1,885	1,385	1,301	1,236	1,187	1,151	1,123
Portion Acute	316	343	323	303	291		
d. Total Inpatient Beds (Average)	2,155	1,643	1,450	1,378	1,336	1,296	1,257
Portion Acute	936	632	480	456	433		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #2 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997 Base	1998	1999	2000	2001	2002	2003
	Operational Planning Period				Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	12.00	11.22	10.91	10.81	10.81	10.81	10.91
b. Inpatients Treated / Total PRP:	0.25	0.23	0.21	0.20	0.18	0.17	0.16
c. Inpatients Treated / Inpatient Census:	11.04	15.29	15.96	16.46	16.80	16.97	17.05
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	33.07	23.87	22.88	22.24	21.73	21.50	21.41
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$5,667	\$5,054	\$5,007	\$4,566	\$4,378	\$4,380	
Percent Change from 1997 Base		-10.82%	-11.65%	-19.43%	-22.75%	-22.71%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-14.62%	-19.43%	-31.36%	-38.61%	-43.19%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		7.92%	16.56%	23.55%	29.73%	34.92%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.29%	0.44%	4.75%	5.45%	6.28%	10.02%	
d. % of Acute Hospital \$s to Tot. Acute + OP \$s	46.22%	45.13%	42.11%	38.60%	36.21%		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #3 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$39,295	\$40,745	\$76,793	\$34,890	\$43,500	\$43,500	\$43,500
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$1,016,925	\$974,142	\$925,920	\$878,258	\$838,067	\$835,704	\$866,350
(b). Specific Purpose (facility specific)	\$74,331	\$72,397	\$73,206	\$76,251	\$79,357	\$82,171	\$84,177
(c). Specific Purpose (overhead)	\$34,495	\$35,117	\$33,632	\$33,632	\$33,632	\$33,632	\$35,920
(2). MCCF Transfers		\$43,452	\$40,551	\$46,735	\$54,350	\$66,702	\$68,236
(3). Medicare Reimbursement		\$0	\$0	\$0	\$0	\$20,000	\$24,000
(4). TRICARE Reimbursement	\$0	\$0	\$104	\$1,500	\$2,500	\$3,500	\$3,500
(5). Enhanced Sharing Reimbursement	\$248	\$954	\$1,493	\$2,093	\$2,693	\$3,493	\$3,493
(6). VA-DoD Sharing Reimbursement	\$558	\$678	\$738	\$1,681	\$2,881	\$4,082	\$4,125
(7). Other Reimbursements	\$910	\$199	\$208	\$2,700	\$4,050	\$6,075	\$4,075
Subtotal New Funds	\$1,127,467	\$1,126,939	\$1,075,852	\$1,042,850	\$1,017,530	\$1,055,359	\$1,093,876
Total Availability (Carryover + New Funds)	\$1,166,762	\$1,167,684	\$1,152,645	\$1,077,740	\$1,061,030	\$1,098,859	\$1,137,376
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$3)						
14 Month, expiring ( - )	(\$2)						
Multi-year & No-year Carryover ( - )	(\$40,745)	(\$76,793)	(\$34,890)	(\$43,500)	(\$43,500)	(\$43,500)	(\$43,500)
Total Obligations	\$1,126,012	\$1,090,891	\$1,117,755	\$1,034,240	\$1,017,530	\$1,055,359	\$1,093,876
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$295,779	\$283,632	\$290,616	\$310,272	\$366,311		
Outpatient Care	\$363,080	\$349,085	\$391,214	\$393,011	\$437,538		
Other Obligations	\$467,153	\$458,174	\$435,925	\$330,957	\$213,681		
Total Obligations	\$1,126,012	\$1,090,891	\$1,117,755	\$1,034,240	\$1,017,530		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	11,951	11,620	10,879	9,889	8,871	8,871	8,871
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	155,040	177,734	182,734	187,734	192,734	197,734	202,734
b. Total Prorated Persons (PRPs)	149,820	171,750	176,581	181,413	186,245	191,076	195,908
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.034800						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		119,950	123,324	126,699	130,073		
Discretionary veterans		32,598	33,515	34,432	35,349		
Non-veteran users		19,202	19,742	20,282	20,823		
Total PRPs		171,750	176,581	181,413	186,245		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,823,677	1,947,066	2,018,134	2,091,796	2,168,147	2,247,284	2,329,310
b. Total Inpatients Treated	42,264	39,366	38,973	35,717	34,645	33,606	32,598
Portion Acute	21,175	19,723	19,526	19,526	19,526		
c. Total Inpatient Census	4,404	4,272	4,143	3,728	3,616	3,508	3,402
Portion Acute	638	591	585	585	585		
d. Total Inpatient Beds (Average)	4,122	3,998	3,878	3,472	3,368	3,267	3,169
Portion Acute	953	737	730	730	730		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #3 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997 Base	1998	1999	2000	2001	2002	2003
	Operational Planning Period					Strategic	
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	12.17	11.34	11.43	11.53	11.64	11.76	11.89
b. Inpatients Treated / Total PRP:	0.28	0.23	0.22	0.20	0.19	0.18	0.17
c. Inpatients Treated / Inpatient Census:	9.60	9.21	9.41	9.58	9.58	9.58	9.58
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	38.03	39.61	38.80	38.20	38.10	38.10	38.09
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$7,516	\$6,352	\$6,330	\$5,701	\$5,463	\$5,523	
Percent Change from 1997 Base		-15.49%	-15.78%	-24.15%	-27.32%	-26.52%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-19.29%	-23.56%	-36.08%	-43.18%	-47.00%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		14.64%	17.86%	21.09%	24.31%	27.54%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.15%	4.02%	4.01%	5.25%	6.53%	9.84%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$\$	44.89%	44.83%	42.62%	44.12%	45.57%		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #4 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$26,552	\$34,092	\$35,046	\$37,447	\$37,447	\$37,447	\$45,096
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$778,814	\$778,638	\$778,744	\$775,688	\$772,683	\$770,423	\$799,726
(b). Specific Purpose (facility specific)	\$56,368	\$54,673	\$72,645	\$58,669	\$61,900	\$64,828	\$66,915
(c). Specific Purpose (overhead)	\$38,143	\$35,729	\$34,218	\$34,218	\$34,218	\$34,218	\$36,545
(2). MCCF Transfers		\$36,816	\$34,288	\$39,517	\$45,956	\$57,381	\$58,700
(3). Medicare Reimbursement		\$0	\$0	\$0	\$0	\$25,298	\$27,587
(4). TRICARE Reimbursement	\$0	\$7	\$553	\$1,923	\$4,433	\$5,165	\$1,635
(5). Enhanced Sharing Reimbursement	\$93	\$437	\$626	\$1,456	\$2,636	\$3,002	\$4,259
(6). VA-DoD Sharing Reimbursement	\$609	\$1,020	\$1,171	\$1,296	\$1,471	\$1,696	\$1,771
(7). Other Reimbursements	\$819	\$720	\$1,382	\$2,156	\$4,471	\$5,966	\$3,521
Subtotal New Funds	\$874,846	\$908,040	\$923,627	\$914,923	\$927,768	\$967,977	\$1,000,659
Total Availability (Carryover + New Funds)	\$901,398	\$942,132	\$958,673	\$952,370	\$965,215	\$1,005,424	\$1,045,755
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$165)						
14 Month, expiring ( - )	(\$33)						
Multi-year & No-year Carryover ( - )	(\$34,092)	(\$35,046)	(\$37,447)	(\$37,447)	(\$37,447)	(\$45,096)	(\$46,241)
Total Obligations	\$867,108	\$907,086	\$921,226	\$914,923	\$927,768	\$960,328	\$999,514
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$231,192	\$212,137	\$209,448	\$200,909	\$193,976		
Outpatient Care	\$258,130	\$287,071	\$302,125	\$309,584	\$327,631		
Other Obligations	\$377,786	\$407,878	\$409,653	\$404,430	\$406,161		
Total Obligations	\$867,108	\$907,086	\$921,226	\$914,923	\$927,768		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	9,769	9,470	9,091	8,546	8,000	7,920	7,841
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	171,754	184,224	191,199	198,175	205,150	212,125	218,183
b. Total Prorated Persons (PRPs)	165,665	177,685	184,413	191,141	197,869	204,596	210,439
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.036800						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		149,078	154,723	160,367	166,012		
Discretionary veterans		17,413	18,072	18,732	19,391		
Non-veteran users		11,194	11,618	12,042	12,466		
Total PRPs		177,685	184,413	191,141	197,869		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,642,580	1,723,270	1,795,774	1,839,540	1,877,246	1,898,980	1,927,629
b. Total Inpatients Treated	39,868	40,287	40,141	39,910	38,687	38,421	38,517
Portion Acute	20,263	17,828	17,271	16,932	16,468		
c. Total Inpatient Census	4,469	3,691	3,646	3,569	3,476	3,435	3,394
Portion Acute	454	484	479	485	476		
d. Total Inpatient Beds (Average)	3,871	3,247	3,100	3,042	2,973	2,973	2,973
Portion Acute	916	638	617	600	583		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #4 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	9.92	9.70	9.74	9.62	9.49	9.28	9.16
b. Inpatients Treated / Total PRP:	0.24	0.23	0.22	0.21	0.20	0.19	0.18
c. Inpatients Treated / Inpatient Census:	8.92	10.91	11.01	11.18	11.13	11.19	11.35
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	40.92	33.44	33.15	32.73	32.79	32.63	32.16
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$5,234	\$5,105	\$4,995	\$4,787	\$4,689	\$4,694	
Percent Change from 1997 Base		-2.46%	-4.57%	-8.54%	-10.41%	-10.32%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-6.26%	-12.35%	-20.47%	-26.27%	-30.80%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		7.26%	11.32%	15.38%	19.44%	23.50%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.17%	4.29%	4.12%	5.07%	6.36%	10.18%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$\$	47.25%	42.49%	40.94%	39.36%	37.19%		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #5 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
	1997	1998	1999	2000	2001	2002	2003
Description	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$18,298	\$17,446	\$37,445	\$40,166	\$32,000	\$16,000	\$0
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$441,972	\$460,024	\$464,248	\$462,441	\$460,805	\$459,486	\$476,590
(b). Specific Purpose (facility specific)	\$31,352	\$29,698	\$30,014	\$30,889	\$31,780	\$32,589	\$33,165
(c). Specific Purpose (overhead)	\$18,765	\$19,921	\$19,079	\$19,079	\$19,079	\$19,079	\$20,376
(2). MCCF Transfers		\$21,865	\$19,714	\$22,720	\$26,423	\$30,766	\$31,473
(3). Medicare Reimbursement			\$0	\$0	\$0	\$11,247	\$15,465
(4). TRICARE Reimbursement			\$50	\$55	\$61	\$67	\$73
(5). Enhanced Sharing Reimbursement	\$11	\$100	\$110	\$400	\$440	\$484	\$532
(6). VA-DoD Sharing Reimbursement	\$62	\$157	\$250	\$500	\$1,000	\$1,300	\$1,365
(7). Other Reimbursements	\$1,382	\$1,655	\$1,754	\$1,860	\$1,971	\$2,089	\$2,215
Subtotal New Funds	\$493,544	\$533,420	\$535,219	\$537,944	\$541,559	\$557,107	\$581,254
Total Availability (Carryover + New Funds)	\$511,842	\$550,866	\$572,664	\$578,110	\$573,559	\$573,107	\$581,254
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$11)						
14 Month, expiring ( - )	(\$1)						
Multi-year & No-year Carryover ( - )	(\$17,446)	(\$37,445)	(\$40,166)	(\$32,000)	(\$16,000)	\$0	
Total Obligations	\$494,384	\$513,421	\$532,498	\$546,110	\$557,559	\$573,107	\$581,254
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$155,426	\$156,741	\$159,876	\$163,073	\$166,335		
Outpatient Care	\$162,987	\$186,584	\$194,047	\$201,809	\$209,882		
Other Obligations	\$175,971	\$170,096	\$178,575	\$181,228	\$181,342		
Total Obligations	\$494,384	\$513,421	\$532,498	\$546,110	\$557,559		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	5,688	5,660	5,547	5,500	5,500	5,500	5,500
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	86,450	89,718	95,101	101,283	106,347	111,664	117,247
b. Total Prorated Persons (PRPs)	81,501	84,584	89,659	95,487	100,261	105,274	110,538
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.060700						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		73,714	77,636	81,933	85,529		
Discretionary veterans		4,170	5,322	6,854	8,032		
Non-veteran users		6,700	6,701	6,700	6,700		
Total PRPs		84,584	89,659	95,487	100,261		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	956,117	1,003,923	1,064,158	1,128,008	1,195,688	1,267,429	1,343,475
b. Total Inpatients Treated	22,811	22,127	22,414	22,997	23,296	23,599	23,906
Portion Acute	13,232	12,835	13,002	13,171	13,342		
c. Total Inpatient Census	1,870	1,870	1,870	1,870	1,870	1,870	1,870
Portion Acute	275	275	275	275	275		
d. Total Inpatient Beds (Average)	2,038	1,600	1,570	1,560	1,550	1,550	1,550
Portion Acute	589	560	530	520	510		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #5 - TABLE B1 - BUDGETARY PLANNING DATA SET  
(Figures may differ from actual VA budget.)

Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period				Strategic	
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	11.73	11.87	11.87	11.81	11.93	12.04	12.15
b. Inpatients Treated / Total PRP:	0.28	0.26	0.25	0.24	0.23	0.22	0.22
c. Inpatients Treated / Inpatient Census:	12.20	11.83	11.99	12.30	12.46	12.62	12.78
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	29.92	30.85	30.45	29.76	29.30	28.92	28.55
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$6,066	\$6,070	\$5,939	\$5,719	\$5,561	\$5,444	
Percent Change from 1997 Base		0.07%	-2.09%	-5.72%	-8.33%	-10.25%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-3.73%	-9.87%	-17.65%	-24.19%	-30.73%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		3.78%	10.01%	17.16%	23.02%	29.17%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.29%	4.46%	4.09%	4.75%	5.52%	8.25%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$	48.81%	45.65%	45.17%	44.69%	44.21%		



# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #6 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$23,366	\$25,937	\$48,254	\$50,000	\$44,391	\$31,761	\$28,000
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$706,456	\$703,530	\$705,536	\$703,671	\$701,645	\$699,545	\$726,777
(b). Specific Purpose (facility specific)	\$45,736	\$47,302	\$46,800	\$47,337	\$47,884	\$48,380	\$48,734
(c). Specific Purpose (overhead)	\$34,919	\$38,904	\$37,259	\$37,259	\$37,259	\$37,259	\$39,793
(2). MCCF Transfers		\$40,414	\$39,956	\$47,836	\$58,827	\$73,493	\$75,183
(3). Medicare Reimbursement		\$0	\$0	\$5,559	\$5,559	\$9,500	\$10,000
(4). TRICARE Reimbursement	\$0	\$0	\$796	\$1,032	\$1,320	\$1,709	\$1,950
(5). Enhanced Sharing Reimbursement	\$916	\$1,233	\$1,295	\$1,360	\$1,428	\$1,499	\$1,574
(6). VA-DoD Sharing Reimbursement	\$4,223	\$3,595	\$3,657	\$3,780	\$3,901	\$4,123	\$4,246
(7). Other Reimbursements	\$566	\$371	\$521	\$547	\$574	\$603	\$633
Subtotal New Funds	\$792,816	\$835,349	\$835,820	\$848,381	\$858,397	\$876,111	\$908,890
Total Availability (Carryover + New Funds)	\$816,182	\$861,286	\$884,074	\$898,381	\$902,788	\$907,872	\$936,890
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$2)	(\$2)	(\$2)	(\$2)	(\$2)	(\$2)	(\$2)
14 Month, expiring ( - )	\$4	(\$2)	(\$2)	(\$2)	(\$2)	(\$2)	(\$2)
Multi-year & No-year Carryover ( - )	(\$25,937)	(\$48,254)	(\$50,000)	(\$44,391)	(\$31,761)	(\$28,000)	(\$25,000)
Total Obligations	\$790,247	\$813,028	\$834,070	\$853,986	\$871,023	\$879,868	\$911,886
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$262,516	\$243,176	\$241,960	\$239,540	\$235,947		
Outpatient Care	\$243,093	\$287,948	\$313,025	\$341,334	\$368,413		
Other Obligations	\$284,638	\$281,904	\$279,085	\$273,112	\$266,663		
Total Obligations	\$790,247	\$813,028	\$834,070	\$853,986	\$871,023		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	9,369	9,236	9,051	8,825	8,604	8,600	8,600
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	157,736	165,023	171,624	178,489	185,629	194,914	200,776
b. Total Prorated Persons (PRPs)	151,660	158,661	165,007	171,608	178,472	187,399	193,035
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.040100						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		133,192	138,519	144,060	149,822		
Discretionary veterans		10,506	10,926	11,363	11,818		
Non-veteran users		14,963	15,562	16,185	16,832		
Total PRPs		158,661	165,007	171,608	178,472		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,345,508	1,437,000	1,494,963	1,544,472	1,588,401	1,649,111	1,679,405
b. Total Inpatients Treated	45,319	44,072	44,000	44,000	44,000	44,000	44,000
Portion Acute	27,927	23,630	22,738	22,738	23,648		
c. Total Inpatient Census	3,014	2,716	2,279	2,266	2,229	2,229	2,229
Portion Acute	666	525	472	472	472		
d. Total Inpatient Beds (Average)	3,276	2,836	2,532	2,518	2,477	2,477	2,477
Portion Acute	1,089	753	555	555	555		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #6 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	8.87	9.06	9.06	9.00	8.90	8.80	8.70
b. Inpatients Treated / Total PRP:	0.30	0.28	0.27	0.26	0.25	0.23	0.23
c. Inpatients Treated / Inpatient Census:	15.04	16.23	19.31	19.42	19.74	19.74	19.74
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	24.27	22.49	18.91	18.85	18.49	18.49	18.49
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$5,211	\$5,124	\$5,055	\$4,976	\$4,880	\$4,695	
Percent Change from 1997 Base		-1.67%	-2.99%	-4.51%	-6.35%	-9.90%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-5.47%	-10.77%	-16.44%	-22.21%	-30.38%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		4.62%	8.80%	13.15%	17.68%	23.57%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.72%	5.46%	5.53%	7.09%	8.34%	10.38%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$\$	51.92%	45.79%	43.60%	41.24%	39.04%		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #7 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$36,161	\$29,375	\$63,596	\$72,986	\$68,746	\$64,521	\$60,311
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$814,942	\$856,491	\$871,139	\$869,567	\$866,771	\$864,175	\$897,836
(b). Specific Purpose (facility specific)	\$65,316	\$67,203	\$66,471	\$69,980	\$73,559	\$76,802	\$79,113
(c). Specific Purpose (overhead)	\$39,328	\$41,327	\$39,580	\$39,580	\$39,580	\$39,580	\$42,272
(2). MCCF Transfers		\$38,443	\$39,301	\$47,051	\$57,862	\$72,288	\$73,950
(3). Medicare Reimbursement		\$0	\$6,177	\$6,177	\$6,177	\$32,000	\$43,000
(4). TRICARE Reimbursement	\$2	\$100	\$200	\$400	\$2,000	\$3,000	\$4,000
(5). Enhanced Sharing Reimbursement	\$653	\$666	\$686	\$713	\$749	\$794	\$849
(6). VA-DoD Sharing Reimbursement	\$437	\$446	\$460	\$478	\$502	\$532	\$569
(7). Other Reimbursements	\$554	\$565	\$582	\$606	\$636	\$674	\$721
Subtotal New Funds	\$921,232	\$1,005,241	\$1,024,596	\$1,034,552	\$1,047,836	\$1,089,845	\$1,142,310
Total Availability (Carryover + New Funds)	\$957,393	\$1,034,616	\$1,088,192	\$1,107,538	\$1,116,582	\$1,154,366	\$1,202,621
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	\$3	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)
14 Month, expiring ( - )	(\$2)	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)
Multi-year & No-year Carryover ( - )	(\$29,375)	(\$63,596)	(\$72,986)	(\$68,746)	(\$64,521)	(\$60,311)	(\$66,117)
Total Obligations	\$928,019	\$971,018	\$1,015,204	\$1,038,790	\$1,052,059	\$1,094,053	\$1,136,502
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$269,561	\$265,962	\$278,064	\$284,525	\$288,159		
Outpatient Care	\$308,782	\$408,604	\$427,198	\$437,123	\$442,706		
Other Obligations	\$349,676	\$296,452	\$309,942	\$317,142	\$321,194		
Total Obligations	\$928,019	\$971,018	\$1,015,204	\$1,038,790	\$1,052,059		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	10,518	10,200	10,000	9,700	9,500	9,400	9,300
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	178,033	188,452	197,875	207,768	220,234	233,449	240,452
b. Total Prorated Persons (PRPs)	170,808	180,804	189,844	199,336	211,297	223,974	230,694
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.042300						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		174,295	183,010	192,160	203,690		
Discretionary veterans		3,978	4,177	4,385	4,649		
Non-veteran users		2,531	2,657	2,791	2,958		
Total PRPs		180,804	189,844	199,336	211,297		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,588,349	1,715,339	1,935,394	2,183,679	2,463,815	2,779,889	2,835,897
b. Total Inpatients Treated	43,096	34,255	33,223	33,887	34,864	35,836	37,511
Portion Acute	26,495	24,115	23,389	23,857	24,544		
c. Total Inpatient Census	4,088	3,873	2,196	2,128	2,062	1,995	1,974
Portion Acute	604	733	533	519	536		
d. Total Inpatient Beds (Average)	3,946	3,126	2,081	2,064	2,084	2,104	2,121
Portion Acute	1,155	862	627	610	630		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #7 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	9.30	9.49	10.19	10.95	11.66	12.41	12.29
b. Inpatients Treated / Total PRP:	0.25	0.19	0.18	0.17	0.16	0.16	0.16
c. Inpatients Treated / Inpatient Census:	10.54	8.84	15.13	15.92	16.91	17.96	19.00
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	34.62	41.27	24.13	22.98	21.59	20.32	19.21
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$5,433	\$5,371	\$5,348	\$5,211	\$4,979	\$4,885	
Percent Change from 1997 Base		-1.14%	-1.56%	-4.09%	-8.36%	-10.09%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-4.94%	-9.34%	-16.02%	-24.22%	-30.57%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		5.85%	11.14%	16.70%	23.70%	31.13%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.18%	4.00%	4.63%	5.36%	6.48%	10.03%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$	46.61%	39.43%	39.43%	39.43%	39.43%		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #8 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$29,736	\$37,313	\$39,475	\$25,000	\$25,000	\$25,000	\$25,000
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$1,018,421	\$1,070,934	\$1,094,767	\$1,105,771	\$1,107,191	\$1,103,848	\$1,147,198
(b). Specific Purpose (facility specific)	\$82,937	\$61,396	\$75,602	\$76,068	\$76,543	\$76,974	\$77,281
(c). Specific Purpose (overhead)	\$55,359	\$56,966	\$54,557	\$54,557	\$54,557	\$54,557	\$58,268
(2). MCCF Transfers		\$36,534	\$38,419	\$50,054	\$64,291	\$80,319	\$82,166
(3). Medicare Reimbursement		\$0	\$4,941	\$4,941	\$4,941	\$10,000	\$15,000
(4). TRICARE Reimbursement	\$82	\$507	\$1,999	\$4,999	\$8,000	\$12,000	\$12,000
(5). Enhanced Sharing Reimbursement	\$270	\$324	\$500	\$5,000	\$7,000	\$7,000	\$7,000
(6). VA-DoD Sharing Reimbursement	\$2,504	\$2,510	\$4,000	\$8,000	\$11,000	\$12,000	\$12,000
(7). Other Reimbursements	\$382	\$1,081	\$4,000	\$7,000	\$11,000	\$16,000	\$16,000
Subtotal New Funds	\$1,159,955	\$1,230,252	\$1,278,785	\$1,316,390	\$1,344,523	\$1,372,698	\$1,426,913
Total Availability (Carryover + New Funds)	\$1,189,691	\$1,267,565	\$1,318,260	\$1,341,390	\$1,369,523	\$1,397,698	\$1,451,913
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	\$0						
14 Month, expiring ( - )	(\$1)						
Multi-year & No-year Carryover ( - )	(\$37,313)	(\$39,475)	(\$25,000)	(\$25,000)	(\$25,000)	(\$25,000)	(\$25,000)
Total Obligations	\$1,152,377	\$1,228,090	\$1,293,260	\$1,316,390	\$1,344,523	\$1,372,698	\$1,426,913
SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001							
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$350,082	\$368,427	\$387,978	\$394,917	\$403,357		
Outpatient Care	\$444,843	\$491,236	\$517,304	\$526,556	\$537,809		
Other Obligations	\$357,452	\$368,427	\$387,978	\$394,917	\$403,357		
Total Obligations	\$1,152,377	\$1,228,090	\$1,293,260	\$1,316,390	\$1,344,523		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	12,913	13,446	13,695	13,775	13,750	13,800	13,850
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	253,935	274,300	293,000	315,000	325,000	334,500	344,200
b. Total Prorated Persons (PRPs)	240,435	259,729	277,436	298,267	307,736	316,731	325,916
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.056100						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		226,204	241,646	259,790	268,038		
Discretionary veterans		9,394	9,988	10,738	11,079		
Non-veteran users		24,131	25,802	27,739	28,619		
Total PRPs		259,729	277,436	298,267	307,736		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	2,482,583	2,763,845	3,035,150	3,367,434	3,566,660	3,759,597	3,953,361
b. Total Inpatients Treated	54,104	57,460	56,087	55,799	55,392	55,044	54,147
Portion Acute	37,474	34,964	32,182	28,693	27,696		
c. Total Inpatient Census	2,981	2,963	2,950	2,945	2,935	2,923	2,915
Portion Acute	768	739	720	710	705		
d. Total Inpatient Beds (Average)	3,569	3,081	3,067	3,060	3,050	3,040	3,032
Portion Acute	1,361	1,050	950	900	880		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #8 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997 Base	1998	1999	2000	2001	2002	2003
	Operational Planning Period					Strategic	
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	10.33	10.64	10.94	11.29	11.59	11.87	12.13
b. Inpatients Treated / Total PRP:	0.23	0.22	0.20	0.19	0.18	0.17	0.17
c. Inpatients Treated / Inpatient Census:	18.15	19.39	19.01	18.95	18.87	18.83	18.58
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	20.11	18.82	19.20	19.32	19.34	19.38	19.65
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$4,793	\$4,728	\$4,661	\$4,413	\$4,369	\$4,334	
Percent Change from 1997 Base		-1.36%	-2.75%	-7.93%	-8.85%	-9.58%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-5.16%	-10.53%	-19.86%	-24.71%	-30.06%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		8.02%	15.39%	24.05%	27.99%	31.73%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.28%	3.33%	4.21%	6.08%	7.90%	10.00%	
d. % of Acute Hospital \$s to Tot. Acute + OP \$s	44.04%	42.86%	42.86%	42.86%	42.86%		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #9 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$31,420	\$63,155	\$31,000	\$10,000	\$5,000	\$2,500	\$0
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$700,206	\$704,477	\$694,603	\$691,021	\$688,680	\$686,614	\$713,403
(b). Specific Purpose (facility specific)	\$92,836	\$58,025	\$57,857	\$59,750	\$61,680	\$63,429	\$64,676
(c). Specific Purpose (overhead)	\$33,641	\$34,903	\$33,427	\$33,427	\$33,427	\$33,427	\$35,701
(2). MCCF Transfers		\$31,614	\$29,747	\$35,613	\$43,796	\$54,714	\$55,973
(3). Medicare Reimbursement		\$0	\$0	\$0	\$0	\$13,500	\$15,500
(4). TRICARE Reimbursement	\$1	\$2,250	\$4,500	\$5,250	\$6,100	\$7,100	\$7,800
(5). Enhanced Sharing Reimbursement	\$841	\$1,200	\$4,000	\$4,200	\$4,400	\$4,600	\$4,700
(6). VA-DoD Sharing Reimbursement	\$1,797	\$4,500	\$4,600	\$5,200	\$5,500	\$5,700	\$5,900
(7). Other Reimbursements	\$702	\$900	\$1,200	\$3,000	\$3,500	\$4,000	\$4,500
Subtotal New Funds	\$830,024	\$837,869	\$829,934	\$837,461	\$847,083	\$873,084	\$908,153
Total Availability (Carryover + New Funds)	\$861,444	\$901,024	\$860,934	\$847,461	\$852,083	\$875,584	\$908,153
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$9)	(\$10)	(\$11)	(\$9)	(\$8)	(\$9)	(\$10)
14 Month, expiring ( - )	\$15	(\$5)	(\$7)	(\$8)	(\$6)	(\$7)	(\$8)
Multi-year & No-year Carryover ( - )	(\$63,155)	(\$31,000)	(\$10,000)	(\$5,000)	(\$2,500)	\$0	\$0
Total Obligations	\$798,295	\$870,009	\$850,916	\$842,444	\$849,569	\$875,568	\$908,135
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$281,763	\$287,103	\$272,293	\$261,158	\$254,871		
Outpatient Care	\$271,064	\$278,403	\$280,802	\$286,431	\$297,349		
Other Obligations	\$245,468	\$304,503	\$297,821	\$294,855	\$297,349		
Total Obligations	\$798,295	\$870,009	\$850,916	\$842,444	\$849,569		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	9,296	9,096	8,896	8,696	8,546	8,446	8,400
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	159,228	164,005	172,205	179,928	185,297	191,258	197,035
b. Total Prorated Persons (PRPs)	150,495	155,805	163,595	170,932	175,982	181,545	187,083
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.058000						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		135,550	143,146	150,420	155,744		
Discretionary veterans		6,232	6,135	5,983	5,719		
Non-veteran users		14,023	14,314	14,529	14,519		
Total PRPs		155,805	163,595	170,932	175,982		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,382,288	1,466,474	1,569,127	1,663,275	1,763,072	1,868,856	1,991,675
b. Total Inpatients Treated	44,579	41,460	40,200	39,255	38,595	38,195	37,895
Portion Acute	28,128	24,743	24,003	23,448	23,078		
c. Total Inpatient Census	2,817	2,551	2,485	2,472	2,460	2,450	2,440
Portion Acute	560	546	529	514	508		
d. Total Inpatient Beds (Average)	3,051	2,300	2,250	2,200	2,150	2,150	2,150
Portion Acute	997	705	697	682	667		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #9 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	9.18	9.41	9.59	9.73	10.02	10.29	10.65
b. Inpatients Treated / Total PRP:	0.30	0.27	0.25	0.23	0.22	0.21	0.20
c. Inpatients Treated / Inpatient Census:	15.82	16.25	16.18	15.88	15.69	15.59	15.53
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	23.06	22.46	22.56	23.05	23.26	23.41	23.50
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$5,304	\$5,584	\$5,201	\$4,929	\$4,828	\$4,823	
Percent Change from 1997 Base		5.28%	-1.94%	-7.07%	-8.97%	-9.07%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		1.48%	-9.72%	-19.00%	-24.83%	-29.55%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		3.53%	8.70%	13.58%	16.94%	20.63%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.40%	4.83%	5.31%	6.36%	7.47%	10.26%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$\$	50.97%	50.77%	49.23%	47.69%	46.15%		



# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #10 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
	1997	1998	1999	2000	2001	2002	2003
Description	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$18,710	\$21,191	\$27,373	\$25,000	\$28,000	\$27,000	\$43,000
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$530,332	\$535,190	\$545,100	\$548,569	\$546,774	\$545,183	\$565,806
(b). Specific Purpose (facility specific)	\$41,835	\$41,968	\$36,398	\$37,682	\$38,992	\$40,179	\$41,025
(c). Specific Purpose (overhead)	\$25,112	\$24,898	\$23,845	\$23,845	\$23,845	\$23,845	\$25,467
(2). MCCF Transfers		\$20,964	\$21,348	\$26,458	\$32,538	\$40,650	\$41,585
(3). Medicare Reimbursement		\$0	\$0	\$0	\$0	\$5,140	\$15,419
(4). TRICARE Reimbursement		\$0	\$50	\$150	\$450	\$850	\$1,050
(5). Enhanced Sharing Reimbursement	\$172	\$329	\$500	\$600	\$950	\$5,800	\$6,000
(6). VA-DoD Sharing Reimbursement	\$1,356	\$1,092	\$1,300	\$1,500	\$2,000	\$13,990	\$14,000
(7). Other Reimbursements	\$581	\$327	\$500	\$600	\$800	\$1,300	\$1,400
Subtotal New Funds	\$599,388	\$624,768	\$629,041	\$639,404	\$646,349	\$676,937	\$711,752
Total Availability (Carryover + New Funds)	\$618,098	\$645,959	\$656,414	\$664,404	\$674,349	\$703,937	\$754,752
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$6)	(\$4)	(\$4)	(\$4)	(\$4)	(\$4)	(\$4)
14 Month, expiring ( - )	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Multi-year & No-year Carryover ( - )	(\$21,191)	(\$27,373)	(\$25,000)	(\$28,000)	(\$27,000)	(\$43,000)	(\$53,000)
Total Obligations	\$596,901	\$618,582	\$631,410	\$636,400	\$647,345	\$660,933	\$701,748
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$209,651	\$183,873	\$168,744	\$158,000	\$150,000		
Outpatient Care	\$184,373	\$209,708	\$254,435	\$270,000	\$275,000		
Other Obligations	\$202,877	\$225,001	\$208,231	\$208,400	\$222,345		
Total Obligations	\$596,901	\$618,582	\$631,410	\$636,400	\$647,345		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	6,763	6,560	6,347	6,200	6,074	5,924	5,873
Total VH. Total VHA Employee Education Program Staff		266	0	0	0	0	0
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	126,038	134,433	141,154	145,389	149,750	154,243	158,870
b. Total Prorated Persons (PRPs)	109,068	116,332	122,148	125,813	129,586	133,474	137,478
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.155600						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		100,278	101,382	101,908	102,373		
Discretionary veterans		7,794	12,581	15,852	19,438		
Non-veteran users		8,260	8,185	8,053	7,775		
Total PRPs		116,332	122,148	125,813	129,586		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,123,625	1,239,890	1,326,682	1,341,065	1,354,861	1,395,507	1,437,372
b. Total Inpatients Treated	30,016	26,075	23,468	22,295	21,849	21,412	20,984
Portion Acute	15,305	13,298	11,969	11,370	11,143		
c. Total Inpatient Census	2,782	2,173	1,956	1,858	1,821	1,785	1,749
Portion Acute	330	261	235	223	219		
d. Total Inpatient Beds (Average)	2,345	2,009	1,819	1,727	1,693	1,660	1,627
Portion Acute	478	410	371	352	345		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #10 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period				Strategic	
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	10.30	10.66	10.86	10.66	10.46	10.46	10.46
b. Inpatients Treated / Total PRP:	0.28	0.22	0.19	0.18	0.17	0.16	0.15
c. Inpatients Treated / Inpatient Census:	10.79	12.00	12.00	12.00	12.00	12.00	12.00
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	33.83	30.42	30.42	30.50	30.42	30.43	30.42
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$5,473	\$5,317	\$5,169	\$5,058	\$4,995	\$4,952	
Percent Change from 1997 Base		-2.85%	-5.55%	-7.58%	-8.73%	-9.52%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-6.65%	-13.33%	-19.51%	-24.59%	-30.00%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		6.66%	11.99%	15.35%	18.81%	22.38%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.35%	3.64%	3.77%	4.58%	5.68%	10.01%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$	53.21%	46.72%	39.88%	36.92%	35.29%		

# Summary of Network Strategic Planning Information, 1999-2003

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VISN #11 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$29,675	\$39,984	\$35,000	\$40,000	\$40,000	\$40,000	\$40,000
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$657,357	\$632,173	\$644,295	\$644,577	\$642,344	\$640,462	\$664,870
(b). Specific Purpose (facility specific)	\$66,247	\$47,599	\$49,071	\$51,722	\$54,427	\$56,877	\$58,624
(c). Specific Purpose (overhead)	\$29,725	\$31,339	\$30,014	\$30,014	\$30,014	\$30,014	\$32,055
(2). MCCF Transfers		\$28,457	\$28,966	\$34,678	\$42,646	\$53,278	\$54,504
(3). Medicare Reimbursement		\$0	\$8,493	\$8,493	\$8,493	\$17,188	\$23,250
(4). TRICARE Reimbursement	\$2	\$2	\$1,500	\$1,550	\$1,575	\$1,800	\$1,900
(5). Enhanced Sharing Reimbursement	\$46	\$683	\$751	\$826	\$875	\$1,000	\$1,100
(6). VA-DoD Sharing Reimbursement	\$1,222	\$1,618	\$500	\$550	\$555	\$557	\$574
(7). Other Reimbursements	\$375	\$935	\$1,500	\$1,550	\$1,700	\$7,000	\$7,500
Subtotal New Funds	\$754,974	\$742,806	\$765,090	\$773,960	\$782,629	\$808,176	\$844,377
Total Availability (Carryover + New Funds)	\$784,649	\$782,790	\$800,090	\$813,960	\$822,629	\$848,176	\$884,377
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$32)	(\$30)	(\$30)	(\$30)	(\$30)	(\$30)	(\$30)
14 Month, expiring ( - )	(\$9)	(\$8)	(\$8)	(\$8)	(\$8)	(\$8)	(\$8)
Multi-year & No-year Carryover ( - )	(\$39,984)	(\$35,000)	(\$40,000)	(\$40,000)	(\$40,000)	(\$40,000)	(\$40,000)
Total Obligations	\$744,624	\$747,752	\$760,052	\$773,922	\$782,591	\$808,138	\$844,339
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$198,941	\$192,973	\$187,184	\$181,568	\$176,121		
Outpatient Care	\$252,242	\$252,241	\$252,240	\$252,239	\$252,238		
Other Obligations	\$293,441	\$302,538	\$320,628	\$340,115	\$354,232		
Total Obligations	\$744,624	\$747,752	\$760,052	\$773,922	\$782,591		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	8,456	8,160	7,875	7,599	7,523	7,448	7,373
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	134,323	140,238	145,333	150,613	156,085	161,250	164,475
b. Total Prorated Persons (PRPs)	129,102	134,792	139,689	144,764	150,024	154,988	158,088
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.040400						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		116,314	120,540	124,919	129,458		
Discretionary veterans		4,348	4,505	4,669	4,839		
Non-veteran users		14,130	14,644	15,176	15,727		
Total PRPs		134,792	139,689	144,764	150,024		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,250,115	1,295,355	1,272,570	1,246,421	1,216,691	1,179,462	1,124,007
b. Total Inpatients Treated	34,745	31,271	28,144	25,330	23,557	21,908	20,813
Portion Acute	19,789	18,762	18,293	17,730	17,667		
c. Total Inpatient Census	3,108	2,331	1,865	1,678	1,510	1,359	1,223
Portion Acute	369	350	341	330	329		
d. Total Inpatient Beds (Average)	2,623	2,590	2,194	1,974	1,777	1,599	1,439
Portion Acute	614	412	401	388	387		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #11 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	9.68	9.61	9.11	8.61	8.11	7.61	7.11
b. Inpatients Treated / Total PRP:	0.27	0.23	0.20	0.17	0.16	0.14	0.13
c. Inpatients Treated / Inpatient Census:	11.18	13.42	15.09	15.10	15.60	16.12	17.02
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	32.65	27.21	24.19	24.25	23.40	22.64	21.45
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$5,768	\$5,547	\$5,441	\$5,346	\$5,216	\$5,214	
Percent Change from 1997 Base		-3.83%	-5.67%	-7.32%	-9.57%	-9.60%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-7.63%	-13.45%	-19.25%	-25.43%	-30.08%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		4.41%	8.20%	12.13%	16.21%	20.05%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.22%	4.27%	5.45%	6.16%	7.14%	10.00%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$	44.09%	43.34%	42.60%	41.85%	41.12%		

**Summary of Network Strategic Planning Information, 1999-2003**  
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VISN #12 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$35,795	\$35,901	\$67,714	\$59,927	\$60,000	\$60,000	\$60,000
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$828,076	\$795,346	\$770,195	\$764,108	\$759,723	\$757,530	\$785,960
(b). Specific Purpose (facility specific)	\$72,104	\$70,146	\$69,174	\$72,522	\$75,938	\$79,033	\$81,238
(c). Specific Purpose (overhead)	\$31,912	\$36,763	\$35,209	\$35,209	\$35,209	\$35,209	\$37,603
(2). MCCF Transfers		\$39,112	\$35,306	\$40,690	\$49,199	\$61,465	\$62,879
(3). Medicare Reimbursement		\$0	\$0	\$0	\$0	\$12,300	\$28,965
(4). TRICARE Reimbursement	\$0	\$0	\$250	\$1,000	\$1,500	\$2,500	\$2,575
(5). Enhanced Sharing Reimbursement	\$1,448	\$1,463	\$7,454	\$10,457	\$13,460	\$16,463	\$16,957
(6). VA-DoD Sharing Reimbursement	\$1,266	\$1,032	\$1,536	\$1,686	\$1,854	\$2,040	\$2,101
(7). Other Reimbursements	\$1,385	\$1,680	\$1,676	\$1,844	\$2,028	\$2,231	\$2,298
Subtotal New Funds	\$936,191	\$945,542	\$920,800	\$927,516	\$938,911	\$968,771	\$1,020,576
Total Availability (Carryover + New Funds)	\$971,986	\$981,443	\$988,514	\$987,443	\$998,911	\$1,028,771	\$1,080,576
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$535)	(\$84)	(\$80)	(\$80)	(\$80)	(\$80)	(\$80)
14 Month, expiring ( - )	(\$13)	(\$10)	(\$10)	(\$10)	(\$10)	(\$10)	(\$10)
Multi-year & No-year Carryover ( - )	(\$35,901)	(\$67,714)	(\$59,927)	(\$60,000)	(\$60,000)	(\$60,000)	(\$60,000)
Total Obligations	\$935,537	\$913,635	\$928,497	\$927,353	\$938,821	\$968,681	\$1,020,486
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$277,408	\$262,059	\$251,577	\$244,030	\$239,149		
Outpatient Care	\$294,481	\$317,102	\$348,812	\$376,019	\$392,940		
Other Obligations	\$363,648	\$334,474	\$328,108	\$307,304	\$306,732		
Total Obligations	\$935,537	\$913,635	\$928,497	\$927,353	\$938,821		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	10,523	9,805	9,500	9,400	9,350	9,300	9,250
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	142,903	155,000	163,000	168,000	170,000	172,000	174,100
b. Total Prorated Persons (PRPs)	138,598	150,325	158,084	162,933	164,872	166,812	168,849
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.031100						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		124,770	131,209	135,234	136,844		
Discretionary veterans		10,523	11,066	11,405	11,541		
Non-veteran users		15,032	15,809	16,294	16,487		
Total PRPs		150,325	158,084	162,933	164,872		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,657,194	1,750,000	1,850,000	1,925,000	2,050,000	2,100,000	2,150,000
b. Total Inpatients Treated	47,300	39,500	38,000	37,500	37,000	36,500	36,000
Portion Acute	28,998	22,700	21,280	20,625	19,980		
c. Total Inpatient Census	4,163	3,900	3,800	3,600	3,400	3,350	3,300
Portion Acute	593	516	500	480	460		
d. Total Inpatient Beds (Average)	3,440	2,972	2,800	2,750	2,720	2,690	2,660
Portion Acute	987	719	569	519	489		

# Summary of Network Strategic Planning Information, 1999-2003

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VISN #12 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period				Strategic	
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	11.96	11.64	11.70	11.81	12.43	12.59	12.73
b. Inpatients Treated / Total PRP:	0.34	0.26	0.24	0.23	0.22	0.22	0.21
c. Inpatients Treated / Inpatient Census:	11.36	10.13	10.00	10.42	10.88	10.90	10.91
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	32.12	36.04	36.50	35.14	33.54	33.50	33.46
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$6,750	\$6,078	\$5,873	\$5,692	\$5,694	\$5,807	
Percent Change from 1997 Base		-9.96%	-12.99%	-15.67%	-15.64%	-13.97%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-13.76%	-20.77%	-27.60%	-31.50%	-34.45%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		8.46%	14.06%	17.56%	18.96%	20.36%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.44%	4.58%	5.02%	6.00%	7.25%	10.01%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$\$	48.51%	45.25%	41.90%	39.36%	37.83%		

# Summary of Network Strategic Planning Information, 1999-2003

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VISN #13 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$14,286	\$19,326	\$22,900	\$22,097	\$19,597	\$17,797	\$17,197
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$425,761	\$414,882	\$419,869	\$418,437	\$416,545	\$415,331	\$431,080
(b). Specific Purpose (facility specific)	\$36,158	\$34,995	\$35,448	\$37,418	\$39,428	\$41,249	\$42,547
(c). Specific Purpose (overhead)	\$20,032	\$20,282	\$19,425	\$19,425	\$19,425	\$19,425	\$20,746
(2). MCCF Transfers		\$23,992	\$22,643	\$26,096	\$30,348	\$35,336	\$36,149
(3). Medicare Reimbursement		\$0	\$1,853	\$1,853	\$1,853	\$4,600	\$9,200
(4). TRICARE Reimbursement	\$2	\$90	\$126	\$176	\$247	\$348	\$383
(5). Enhanced Sharing Reimbursement	\$263	\$1,350	\$1,890	\$2,646	\$3,705	\$5,225	\$5,748
(6). VA-DoD Sharing Reimbursement	\$1,091	\$1,200	\$1,680	\$2,352	\$3,293	\$4,644	\$5,108
(7). Other Reimbursements	\$1,037	\$860	\$1,204	\$1,686	\$2,360	\$3,328	\$3,661
Subtotal New Funds	\$484,344	\$497,651	\$504,138	\$510,089	\$517,204	\$529,486	\$554,622
Total Availability (Carryover + New Funds)	\$498,630	\$516,977	\$527,038	\$532,186	\$536,801	\$547,283	\$571,819
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$93)	(\$2)	(\$2)	(\$2)	(\$2)	(\$2)	(\$2)
14 Month, expiring ( - )	(\$7)	\$0	\$0	\$0	\$0	\$0	\$0
Multi-year & No-year Carryover ( - )	(\$19,326)	(\$22,900)	(\$22,097)	(\$19,597)	(\$17,797)	(\$17,197)	(\$17,097)
Total Obligations	\$479,204	\$494,075	\$504,939	\$512,587	\$519,002	\$530,084	\$554,720
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$162,915	\$156,747	\$160,066	\$162,490	\$164,524		
Outpatient Care	\$149,882	\$168,845	\$172,689	\$175,305	\$177,499		
Other Obligations	\$166,407	\$168,483	\$172,184	\$174,792	\$176,979		
Total Obligations	\$479,204	\$494,075	\$504,939	\$512,587	\$519,002		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	5,438	5,307	5,136	5,031	4,926	4,821	4,821
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	89,898	93,676	97,517	101,515	105,677	110,253	111,356
b. Total Prorated Persons (PRPs)	87,004	90,657	94,374	98,243	102,271	106,700	107,767
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.033300						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		72,526	75,897	79,411	83,074		
Discretionary veterans		4,532	4,878	5,233	5,598		
Non-veteran users		13,599	13,599	13,599	13,599		
Total PRPs		90,657	94,374	98,243	102,271		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	894,849	938,125	976,771	1,016,815	1,058,505	1,104,345	1,115,388
b. Total Inpatients Treated	25,612	24,445	24,537	24,561	24,545	24,541	23,709
Portion Acute	16,633	14,775	14,830	14,845	14,835		
c. Total Inpatient Census	2,169	2,246	2,205	2,175	2,136	2,095	2,087
Portion Acute	280	247	242	228	213		
d. Total Inpatient Beds (Average)	1,717	1,367	1,342	1,324	1,300	1,275	1,270
Portion Acute	503	371	364	342	320		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #13 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997 Base	1998	1999	2000	2001	2002	2003
	Operational Planning Period				Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	10.29	10.35	10.35	10.35	10.35	10.35	10.35
b. Inpatients Treated / Total PRP:	0.29	0.27	0.26	0.25	0.24	0.23	0.22
c. Inpatients Treated / Inpatient Census:	11.81	10.88	11.13	11.29	11.49	11.71	11.36
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	30.91	33.54	32.80	32.41	31.76	31.16	32.13
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$5,508	\$5,450	\$5,350	\$5,218	\$5,075	\$4,968	
Percent Change from 1997 Base		-1.05%	-2.87%	-5.27%	-7.86%	-9.80%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-4.85%	-10.65%	-17.20%	-23.72%	-30.28%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		4.20%	8.47%	12.92%	17.55%	22.64%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.49%	5.52%	5.83%	6.82%	8.08%	10.10%	
d. % of Acute Hospital \$s to Tot. Acute + OP \$s	52.08%	48.14%	48.10%	48.10%	48.10%		



# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #14 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
	1997	1998	1999	2000	2001	2002	2003
Description	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$14,595	(\$12,230)	(\$6,344)	(\$5,620)	(\$5,592)	(\$5,568)	(\$5,551)
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$287,887	\$277,085	\$281,021	\$279,582	\$278,406	\$277,570	\$288,410
(b). Specific Purpose (facility specific)	\$39,936	\$41,895	\$43,889	\$48,360	\$52,920	\$57,052	\$59,996
(c). Specific Purpose (overhead)	\$13,304	\$15,291	\$14,645	\$14,645	\$14,645	\$14,645	\$15,641
(2). MCCF Transfers		\$14,752	\$13,738	\$15,833	\$18,413	\$21,439	\$21,932
(3). Medicare Reimbursement		\$0	\$1,235	\$1,235	\$1,235	\$2,500	\$3,000
(4). TRICARE Reimbursement	\$0	\$0	\$500	\$1,500	\$2,500	\$3,500	\$4,500
(5). Enhanced Sharing Reimbursement	\$1,188	\$1,300	\$1,560	\$1,872	\$2,246	\$2,696	\$3,235
(6). VA-DoD Sharing Reimbursement	\$159	\$250	\$1,275	\$2,303	\$3,333	\$4,367	\$5,404
(7). Other Reimbursements	\$537	\$590	\$1,649	\$2,714	\$3,785	\$4,864	\$5,950
Subtotal New Funds	\$343,011	\$351,163	\$359,512	\$368,044	\$377,483	\$388,633	\$408,068
Total Availability (Carryover + New Funds)	\$357,606	\$338,933	\$353,168	\$362,424	\$371,891	\$383,065	\$402,517
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	\$40						
14 Month, expiring ( - )	\$1	\$11,613	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Multi-year & No-year Carryover ( - )	\$12,230	\$6,344	\$5,620	\$5,592	\$5,568	\$5,551	\$5,768
Total Obligations	\$369,877	\$356,890	\$368,788	\$378,016	\$387,459	\$398,616	\$418,285
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$104,267	\$75,072	\$77,324	\$79,644	\$82,033		
Outpatient Care	\$119,366	\$135,574	\$145,220	\$152,127	\$159,182		
Other Obligations	\$146,244	\$146,244	\$146,244	\$146,245	\$146,244		
Total Obligations	\$369,877	\$356,890	\$368,788	\$378,016	\$387,459		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	3,681	3,054	2,443	2,248	2,248	2,248	2,248
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	60,740	60,750	73,782	74,520	75,265	76,017	76,778
b. Total Prorated Persons (PRPs)	57,780	57,780	70,175	70,786	71,585	72,301	73,024
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.051200						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		52,027	63,186	63,736	64,455		
Discretionary veterans		5,603	6,807	6,866	6,944		
Non-veteran users		150	182	184	186		
Total PRPs		57,780	70,175	70,786	71,585		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	589,978	601,439	721,727	736,161	750,885	788,429	804,197
b. Total Inpatients Treated	18,986	14,459	11,567	11,567	11,567	11,567	11,567
Portion Acute	11,074	10,300	8,240	8,240	8,240		
c. Total Inpatient Census	2,493	1,490	1,192	1,192	1,192	1,192	1,192
Portion Acute	214	212	170	170	170		
d. Total Inpatient Beds (Average)	1,083	794	636	636	636	636	636
Portion Acute	341	325	221	221	221		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #14 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	10.17	10.41	10.28	10.40	10.49	10.90	11.01
b. Inpatients Treated / Total PRP:	0.33	0.25	0.16	0.16	0.16	0.16	0.16
c. Inpatients Treated / Inpatient Census:	7.61	9.70	9.70	9.70	9.70	9.70	9.70
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	47.93	37.61	37.61	37.72	37.61	37.61	37.61
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$6,401	\$6,177	\$5,255	\$5,340	\$5,413	\$5,513	
Percent Change from 1997 Base		-3.50%	-17.90%	-16.58%	-15.44%	-13.87%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-7.30%	-25.68%	-28.51%	-31.30%	-34.35%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		0.00%	21.45%	22.51%	23.89%	25.13%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.55%	4.81%	5.55%	6.92%	8.35%	10.13%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$\$	46.62%	35.64%	34.75%	34.36%	34.01%		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #15 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$24,959	\$25,665	\$36,159	\$41,534	\$41,534	\$41,534	\$41,534
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$615,729	\$616,555	\$598,674	\$596,562	\$594,516	\$592,743	\$615,739
(b). Specific Purpose (facility specific)	\$48,272	\$47,736	\$48,084	\$50,385	\$52,732	\$54,859	\$56,375
(c). Specific Purpose (overhead)	\$28,212	\$32,644	\$31,264	\$31,264	\$31,264	\$31,264	\$33,390
(2). MCCF Transfers		\$24,353	\$24,859	\$29,761	\$36,600	\$45,724	\$46,776
(3). Medicare Reimbursement		\$0	\$0	\$0	\$0	\$1,000	\$3,000
(4). TRICARE Reimbursement	\$15	\$95	\$800	\$1,000	\$2,500	\$4,600	\$4,800
(5). Enhanced Sharing Reimbursement	\$1,248	\$1,969	\$4,000	\$8,000	\$16,000	\$20,000	\$20,000
(6). VA-DoD Sharing Reimbursement	\$270	\$849	\$1,500	\$2,000	\$4,000	\$7,000	\$7,000
(7). Other Reimbursements	\$501	\$512	\$600	\$650	\$675	\$700	\$700
Subtotal New Funds	\$694,247	\$724,713	\$709,781	\$719,622	\$738,287	\$757,890	\$787,780
Total Availability (Carryover + New Funds)	\$719,206	\$750,378	\$745,940	\$761,156	\$779,821	\$799,424	\$829,314
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$48)	(\$25)	(\$25)	(\$25)	(\$25)	(\$25)	(\$25)
14 Month, expiring ( - )	(\$5)	(\$5)	(\$5)	(\$5)	(\$5)	(\$5)	(\$5)
Multi-year & No-year Carryover ( - )	(\$25,665)	(\$36,159)	(\$41,534)	(\$41,534)	(\$41,534)	(\$41,534)	(\$41,534)
Total Obligations	\$693,488	\$714,189	\$704,376	\$719,592	\$738,257	\$757,860	\$787,750
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$209,599	\$223,913	\$220,836	\$225,606	\$231,458		
Outpatient Care	\$237,300	\$253,537	\$250,053	\$255,455	\$262,081		
Other Obligations	\$246,589	\$236,739	\$233,487	\$238,531	\$244,718		
Total Obligations	\$693,488	\$714,189	\$704,376	\$719,592	\$738,257		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	7,357	7,250	6,960	6,960	6,960	6,960	6,960
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	128,564	134,770	144,775	148,386	153,789	155,147	155,147
b. Total Prorated Persons (PRPs)	122,530	128,450	137,986	141,428	146,577	148,832	148,832
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.049200						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		109,260	117,361	119,492	123,865		
Discretionary veterans		13,203	14,507	15,799	16,523		
Non-veteran users		5,987	6,118	6,137	6,189		
Total PRPs		128,450	137,986	141,428	146,577		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,318,012	1,542,691	1,693,752	1,750,746	1,810,583	1,823,741	1,825,582
b. Total Inpatients Treated	34,068	28,833	25,458	24,735	23,442	22,545	21,441
Portion Acute	19,629	15,691	12,632	11,432	10,311		
c. Total Inpatient Census	2,577	2,295	1,836	1,634	1,454	1,294	1,152
Portion Acute	380	347	319	294	271		
d. Total Inpatient Beds (Average)	2,253	1,530	1,350	1,310	1,290	1,270	1,245
Portion Acute	744	441	391	380	374		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #15 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	10.76	12.01	12.27	12.38	12.35	12.25	12.27
b. Inpatients Treated / Total PRP:	0.28	0.22	0.18	0.17	0.16	0.15	0.14
c. Inpatients Treated / Inpatient Census:	13.22	12.56	13.87	15.14	16.12	17.42	18.61
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	27.60	29.05	26.32	24.18	22.64	20.95	19.61
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$5,660	\$5,560	\$5,105	\$5,088	\$5,037	\$5,092	
Percent Change from 1997 Base		-1.77%	-9.81%	-10.11%	-11.01%	-10.04%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-5.57%	-17.59%	-22.04%	-26.87%	-30.52%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		4.83%	12.61%	15.42%	19.63%	21.47%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.29%	3.83%	4.47%	5.75%	8.10%	10.43%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$	46.90%	46.90%	46.90%	46.90%	46.90%		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #16 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$41,527	\$43,535	\$75,663	\$78,143	\$73,739	\$50,199	\$51,705
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$1,135,708	\$1,193,826	\$1,216,560	\$1,225,785	\$1,223,142	\$1,219,500	\$1,266,713
(b). Specific Purpose (facility specific)	\$92,048	\$93,312	\$94,152	\$99,505	\$104,968	\$109,919	\$113,445
(c). Specific Purpose (overhead)	\$61,426	\$60,991	\$58,411	\$58,411	\$58,411	\$58,411	\$62,383
(2). MCCF Transfers		\$46,624	\$48,410	\$63,071	\$78,886	\$98,555	\$100,821
(3). Medicare Reimbursement		\$0	\$0	\$0	\$0	\$39,925	\$47,213
(4). TRICARE Reimbursement	\$6	\$140	\$419	\$1,000	\$2,300	\$2,530	\$2,783
(5). Enhanced Sharing Reimbursement	\$1,849	\$2,500	\$1,082	\$2,700	\$4,200	\$4,620	\$5,082
(6). VA-DoD Sharing Reimbursement	\$1,092	\$1,245	\$1,773	\$2,200	\$3,700	\$4,070	\$4,477
(7). Other Reimbursements	\$880	\$740	\$1,584	\$2,000	\$4,000	\$4,400	\$4,840
Subtotal New Funds	\$1,293,009	\$1,399,378	\$1,422,391	\$1,454,672	\$1,479,607	\$1,541,930	\$1,607,757
Total Availability (Carryover + New Funds)	\$1,334,536	\$1,442,913	\$1,498,054	\$1,532,815	\$1,553,346	\$1,592,129	\$1,659,462
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$16)	\$0	\$0	\$0	\$0	\$0	\$0
14 Month, expiring ( - )	\$33	\$0	\$0	\$0	\$0	\$0	\$0
Multi-year & No-year Carryover ( - )	(\$43,535)	(\$75,663)	(\$78,143)	(\$73,739)	(\$50,199)	(\$51,705)	(\$53,256)
Total Obligations	\$1,291,018	\$1,367,250	\$1,419,911	\$1,459,076	\$1,503,147	\$1,540,424	\$1,606,206
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$423,261	\$432,051	\$433,641	\$445,602	\$459,061		
Outpatient Care	\$472,421	\$577,800	\$615,389	\$632,364	\$651,464		
Other Obligations	\$395,336	\$357,399	\$370,881	\$381,110	\$392,622		
Total Obligations	\$1,291,018	\$1,367,250	\$1,419,911	\$1,459,076	\$1,503,147		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	14,112	14,274	14,150	14,100	14,050	14,050	14,050
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	277,700	296,644	311,476	326,308	341,140	355,972	370,804
b. Total Prorated Persons (PRPs)	266,784	284,988	299,237	313,486	327,736	341,985	356,234
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.040900						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		255,263	263,936	271,700	277,482		
Discretionary veterans		9,091	13,636	19,090	26,526		
Non-veteran users		20,634	21,665	22,696	23,728		
Total PRPs		284,988	299,237	313,486	327,736		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	2,400,654	2,613,929	2,820,002	3,028,033	3,237,993	3,441,426	3,650,822
b. Total Inpatients Treated	70,874	62,641	65,773	68,905	72,037	75,169	78,301
Portion Acute	47,815	38,054	30,613	32,071	33,528		
c. Total Inpatient Census	4,749	4,768	4,887	5,009	5,135	5,263	5,395
Portion Acute	982	795	835	850	889		
d. Total Inpatient Beds (Average)	3,919	2,906	2,773	2,773	2,796	2,850	2,850
Portion Acute	1,598	937	872	880	895		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #16 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	9.00	9.17	9.42	9.66	9.88	10.06	10.25
b. Inpatients Treated / Total PRP:	0.27	0.22	0.22	0.22	0.22	0.22	0.22
c. Inpatients Treated / Inpatient Census:	14.92	13.14	13.46	13.76	14.03	14.28	14.51
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	24.46	27.78	27.12	26.61	26.02	25.56	25.15
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$4,839	\$4,798	\$4,745	\$4,654	\$4,586	\$4,504	
Percent Change from 1997 Base		-0.85%	-1.94%	-3.82%	-5.23%	-6.92%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-4.65%	-9.72%	-15.75%	-21.09%	-27.40%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		6.82%	12.16%	17.51%	22.85%	28.19%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.30%	3.66%	3.74%	4.88%	6.29%	9.99%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$\$	47.26%	42.78%	41.34%	41.34%	41.34%		

**Summary of Network Strategic Planning Information, 1999-2003**  
**Ch. 2 - Budget Planning**

VISN #17 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
	1997	1998	1999	2000	2001	2002	2003
Description	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$22,346	\$33,996	\$32,000	\$30,000	\$35,000	\$40,000	\$45,000
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$623,318	\$652,630	\$644,584	\$643,468	\$641,832	\$639,894	\$665,031
(b). Specific Purpose (facility specific)	\$76,844	\$38,741	\$38,425	\$38,425	\$38,425	\$38,425	\$38,425
(c). Specific Purpose (overhead)	\$30,395	\$33,412	\$31,999	\$31,999	\$31,999	\$31,999	\$34,176
(2). MCCF Transfers		\$27,255	\$27,422	\$32,830	\$40,374	\$50,439	\$51,599
(3). Medicare Reimbursement		\$0	\$0	\$0	\$0	\$11,348	\$19,396
(4). TRICARE Reimbursement	\$375	\$521	\$537	\$553	\$569	\$586	\$604
(5). Enhanced Sharing Reimbursement	\$3,081	\$6,027	\$7,087	\$8,148	\$9,210	\$10,272	\$11,334
(6). VA-DoD Sharing Reimbursement	\$632	\$762	\$766	\$769	\$773	\$777	\$781
(7). Other Reimbursements	\$2,069	\$750	\$750	\$754	\$758	\$761	\$765
Subtotal New Funds	\$736,714	\$760,098	\$751,570	\$756,946	\$763,940	\$784,501	\$822,111
Total Availability (Carryover + New Funds)	\$759,060	\$794,094	\$783,570	\$786,946	\$798,940	\$824,501	\$867,111
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$5)	(\$30)	(\$27)	(\$24)	(\$22)	(\$20)	(\$18)
14 Month, expiring ( - )	(\$1)	\$0	\$0	\$0	\$0	\$0	\$0
Multi-year & No-year Carryover ( - )	(\$33,996)	(\$32,000)	(\$30,000)	(\$35,000)	(\$40,000)	(\$45,000)	(\$50,000)
Total Obligations	\$725,058	\$762,064	\$753,543	\$751,922	\$758,918	\$779,481	\$817,093
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$238,571	\$245,674	\$208,945	\$208,823	\$212,999		
Outpatient Care	\$241,164	\$246,066	\$256,253	\$261,378	\$266,606		
Other Obligations	\$245,323	\$270,324	\$288,345	\$281,721	\$279,313		
Total Obligations	\$725,058	\$762,064	\$753,543	\$751,922	\$758,918		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	8,428	8,551	8,335	8,155	7,992	7,832	7,832
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	138,197	156,757	169,850	176,644	183,710	191,058	198,700
b. Total Prorated Persons (PRPs)	132,012	149,741	162,248	168,738	175,488	182,507	189,808
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.046900						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		125,678	138,178	144,178	151,387		
Discretionary veterans		6,888	7,646	7,952	8,252		
Non-veteran users		17,175	16,424	16,608	15,849		
Total PRPs		149,741	162,248	168,738	175,488		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,320,704	1,390,488	1,488,105	1,477,067	1,506,608	1,551,807	1,598,361
b. Total Inpatients Treated	37,601	28,961	26,542	24,631	21,675	19,074	19,074
Portion Acute	23,888	18,399	15,648	15,961	16,280		
c. Total Inpatient Census	2,983	2,521	2,440	2,413	2,413	2,381	2,381
Portion Acute	520	567	537	512	512		
d. Total Inpatient Beds (Average)	3,171	2,801	2,711	2,681	2,681	2,681	2,681
Portion Acute	808	667	632	602	602		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #17 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	10.00	9.29	9.17	8.75	8.59	8.50	8.42
b. Inpatients Treated / Total PRP:	0.28	0.19	0.16	0.15	0.12	0.10	0.10
c. Inpatients Treated / Inpatient Census:	12.61	11.49	10.88	10.21	8.98	8.01	8.01
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	28.96	31.77	33.55	35.86	40.63	45.56	45.56
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$5,492	\$5,089	\$4,644	\$4,456	\$4,325	\$4,271	
Percent Change from 1997 Base		-7.34%	-15.44%	-18.86%	-21.25%	-22.23%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-11.14%	-23.22%	-30.79%	-37.11%	-42.71%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		13.43%	22.90%	27.82%	32.93%	38.25%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.84%	4.65%	4.86%	5.69%	6.77%	9.46%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$\$	49.73%	49.96%	44.92%	44.41%	44.41%		



# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #18 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
	1997	1998	1999	2000	2001	2002	2003
Description	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$22,308	\$23,741	\$23,976	\$23,500	\$23,500	\$23,500	\$23,500
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$518,454	\$545,120	\$557,083	\$562,535	\$586,818	\$585,045	\$608,042
(b). Specific Purpose (facility specific)	\$45,908	\$40,190	\$45,381	\$46,357	\$47,352	\$48,254	\$48,897
(c). Specific Purpose (overhead)	\$34,046	\$36,308	\$34,772	\$34,772	\$34,772	\$34,772	\$37,137
(2). MCCF Transfers		\$25,350	\$23,622	\$27,224	\$31,661	\$38,682	\$39,572
(3). Medicare Reimbursement		\$0	\$0	\$0	\$0	\$11,500	\$12,829
(4). TRICARE Reimbursement	\$0	\$20	\$263	\$327	\$395	\$427	\$464
(5). Enhanced Sharing Reimbursement	\$931	\$1,562	\$2,500	\$4,000	\$6,500	\$9,000	\$9,000
(6). VA-DoD Sharing Reimbursement	\$8,089	\$5,926	\$6,500	\$7,500	\$8,500	\$11,000	\$11,000
(7). Other Reimbursements	\$430	\$484	\$1,500	\$2,000	\$2,500	\$3,628	\$3,628
Subtotal New Funds	\$607,858	\$654,960	\$671,621	\$684,715	\$718,498	\$742,308	\$770,569
Total Availability (Carryover + New Funds)	\$630,166	\$678,701	\$695,597	\$708,215	\$741,998	\$765,808	\$794,069
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$2)	(\$2)	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)
14 Month, expiring ( - )	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)
Multi-year & No-year Carryover ( - )	(\$23,741)	(\$23,976)	(\$23,500)	(\$23,500)	(\$23,500)	(\$23,500)	(\$23,500)
Total Obligations	\$606,422	\$654,722	\$672,095	\$684,713	\$718,496	\$742,306	\$770,567
SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001							
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$167,312	\$179,001	\$182,071	\$185,489	\$194,641		
Outpatient Care	\$239,840	\$260,579	\$269,174	\$274,228	\$287,758		
Other Obligations	\$199,270	\$215,142	\$220,850	\$224,996	\$236,097		
Total Obligations	\$606,422	\$654,722	\$672,095	\$684,713	\$718,496		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	6,169	6,465	6,606	6,600	6,593	6,580	6,581
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	155,116	168,759	171,496	173,404	186,059	197,212	197,737
b. Total Prorated Persons (PRPs)	147,867	160,876	163,485	165,304	173,368	188,000	188,500
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.049000						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		127,092	129,153	130,590	136,961		
Discretionary veterans		8,044	8,174	8,265	8,668		
Non-veteran users		25,740	26,158	26,449	27,739		
Total PRPs		160,876	163,485	165,304	173,368		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,359,844	1,470,866	1,533,596	1,598,743	1,661,820	1,717,091	1,721,808
b. Total Inpatients Treated	34,997	34,186	33,740	33,481	33,187	32,975	32,764
Portion Acute	24,322	25,002	24,487	24,179	23,869		
c. Total Inpatient Census	1,702	1,663	1,645	1,622	1,622	1,612	1,602
Portion Acute	386	383	377	368	367		
d. Total Inpatient Beds (Average)	1,622	1,249	1,278	1,321	1,333	1,333	1,333
Portion Acute	628	451	444	433	432		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #18 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997 Base	1998	1999	2000	2001	2002	2003
	Operational Planning Period					Strategic	
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	9.20	9.14	9.38	9.67	9.59	9.13	9.13
b. Inpatients Treated / Total PRP:	0.24	0.21	0.21	0.20	0.19	0.18	0.17
c. Inpatients Treated / Inpatient Census:	20.57	20.56	20.51	20.64	20.46	20.46	20.45
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	17.75	17.76	17.80	17.73	17.84	17.84	17.85
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$4,101	\$4,070	\$4,111	\$4,142	\$4,144	\$3,948	
Percent Change from 1997 Base		-0.76%	0.24%	1.00%	1.05%	-3.73%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-4.56%	-7.54%	-10.93%	-14.81%	-24.21%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		8.80%	10.56%	11.79%	17.25%	27.14%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	1.55%	5.09%	5.12%	6.00%	6.90%	10.00%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$\$	41.09%	40.72%	40.35%	40.35%	40.35%		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #19 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$13,694	\$13,152	\$22,352	\$13,152	\$13,152	\$13,152	\$13,152
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$384,502	\$393,655	\$382,282	\$381,418	\$380,416	\$379,290	\$393,890
(b). Specific Purpose (facility specific)	\$39,019	\$33,211	\$39,341	\$41,141	\$42,977	\$44,640	\$45,826
(c). Specific Purpose (overhead)	\$18,404	\$19,671	\$18,839	\$18,839	\$18,839	\$18,839	\$20,121
(2). MCCF Transfers		\$16,760	\$16,200	\$19,394	\$23,851	\$29,797	\$30,482
(3). Medicare Reimbursement		\$0	\$0	\$0	\$0	\$8,500	\$12,000
(4). TRICARE Reimbursement	\$0	\$100	\$100	\$100	\$100	\$100	\$100
(5). Enhanced Sharing Reimbursement	\$412	\$412	\$412	\$412	\$412	\$412	\$412
(6). VA-DoD Sharing Reimbursement	\$325	\$325	\$325	\$325	\$325	\$325	\$325
(7). Other Reimbursements	\$554	\$554	\$2,954	\$5,354	\$7,754	\$10,154	\$10,154
Subtotal New Funds	\$443,216	\$464,688	\$460,453	\$466,983	\$474,674	\$492,057	\$513,310
Total Availability (Carryover + New Funds)	\$456,910	\$477,840	\$482,805	\$480,135	\$487,826	\$505,209	\$526,462
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$70)	(\$12)	(\$12)	(\$12)	(\$12)	(\$12)	(\$12)
14 Month, expiring ( - )	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)
Multi-year & No-year Carryover ( - )	(\$13,152)	(\$22,352)	(\$13,152)	(\$13,152)	(\$13,152)	(\$13,152)	(\$13,152)
Total Obligations	\$443,687	\$455,475	\$469,640	\$466,970	\$474,661	\$492,044	\$513,297
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$135,705	\$127,533	\$126,803	\$121,412	\$118,665		
Outpatient Care	\$147,818	\$145,752	\$154,981	\$158,770	\$166,131		
Other Obligations	\$160,164	\$182,190	\$187,856	\$186,788	\$189,865		
Total Obligations	\$443,687	\$455,475	\$469,640	\$466,970	\$474,661		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	4,572	4,585	4,530	4,230	4,230	4,230	4,230
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	84,898	99,145	101,128	103,151	105,214	107,318	107,318
b. Total Prorated Persons (PRPs)	79,933	93,348	95,215	97,120	99,062	101,043	101,043
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.062100						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		81,348	83,215	85,120	87,062		
Discretionary veterans		6,000	6,000	6,000	6,000		
Non-veteran users		6,000	6,000	6,000	6,000		
Total PRPs		93,348	95,215	97,120	99,062		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	782,188	862,994	875,000	880,000	885,000	890,000	890,000
b. Total Inpatients Treated	22,321	19,900	19,500	19,500	19,500	19,500	19,500
Portion Acute	14,474	12,571	12,600	12,700	12,800		
c. Total Inpatient Census	1,657	1,437	1,400	1,400	1,400	1,400	1,400
Portion Acute	266	236	236	236	236		
d. Total Inpatient Beds (Average)	1,442	1,060	920	900	900	900	900
Portion Acute	514	330	300	280	280		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #19 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period				Strategic	
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	9.79	9.24	9.19	9.06	8.93	8.81	8.81
b. Inpatients Treated / Total PRP:	0.28	0.21	0.20	0.20	0.20	0.19	0.19
c. Inpatients Treated / Inpatient Census:	13.47	13.85	13.93	13.93	13.93	13.93	13.93
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	27.09	26.36	26.21	26.28	26.21	26.21	26.21
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$5,551	\$4,879	\$4,932	\$4,808	\$4,792	\$4,870	
Percent Change from 1997 Base		-12.11%	-11.15%	-13.38%	-13.67%	-12.27%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-15.91%	-18.93%	-25.31%	-29.53%	-32.75%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		16.78%	19.12%	21.50%	23.93%	26.41%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.29%	3.91%	4.34%	5.48%	6.83%	10.02%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$	47.86%	46.67%	45.00%	43.33%	41.67%		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #20 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$22,782	\$24,713	\$27,747	\$22,504	\$4,000	\$1,000	\$1,000
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$621,534	\$652,197	\$665,326	\$670,256	\$675,299	\$673,322	\$698,963
(b). Specific Purpose (facility specific)	\$51,105	\$49,315	\$49,184	\$50,858	\$52,567	\$54,115	\$55,219
(c). Specific Purpose (overhead)	\$29,947	\$30,670	\$29,373	\$29,373	\$29,373	\$29,373	\$31,370
(2). MCCF Transfers		\$23,021	\$23,488	\$28,119	\$34,580	\$43,201	\$44,195
(3). Medicare Reimbursement		\$0	\$0	\$0	\$0	\$0	\$29,200
(4). TRICARE Reimbursement	\$2	\$2	\$10	\$100	\$200	\$200	\$200
(5). Enhanced Sharing Reimbursement	\$2,996	\$3,080	\$3,166	\$3,255	\$3,346	\$3,440	\$3,536
(6). VA-DoD Sharing Reimbursement	\$578	\$594	\$611	\$628	\$646	\$664	\$682
(7). Other Reimbursements	\$870	\$894	\$919	\$945	\$971	\$998	\$1,027
Subtotal New Funds	\$707,032	\$759,773	\$772,077	\$783,534	\$796,982	\$805,313	\$864,392
Total Availability (Carryover + New Funds)	\$729,814	\$784,486	\$799,824	\$806,038	\$800,982	\$806,313	\$865,392
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$21)	\$0	\$0	\$0	\$0	\$0	\$0
14 Month, expiring ( - )	(\$3)	\$0	\$0	\$0	\$0	\$0	\$0
Multi-year & No-year Carryover ( - )	(\$24,713)	(\$27,747)	(\$22,504)	(\$4,000)	(\$1,000)	(\$1,000)	(\$1,000)
Total Obligations	\$705,077	\$756,739	\$777,320	\$802,038	\$799,982	\$805,313	\$864,392
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$214,590	\$228,010	\$231,846	\$236,777	\$233,741		
Outpatient Care	\$255,522	\$276,987	\$287,337	\$299,381	\$301,520		
Other Obligations	\$234,965	\$251,742	\$258,137	\$265,880	\$264,721		
Total Obligations	\$705,077	\$756,739	\$777,320	\$802,038	\$799,982		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	7,003	7,281	7,261	7,144	6,764	6,764	6,764
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	135,279	144,883	148,505	152,218	157,545	163,059	166,321
b. Total Prorated Persons (PRPs)	130,065	139,297	142,780	146,349	151,471	156,773	159,908
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.040100						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		121,485	124,523	127,635	132,103		
Discretionary veterans		6,041	6,191	6,347	6,568		
Non-veteran users		11,771	12,066	12,367	12,800		
Total PRPs		139,297	142,780	146,349	151,471		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,358,289	1,436,654	1,451,021	1,465,531	1,516,824	1,569,913	1,601,311
b. Total Inpatients Treated	39,638	37,085	36,714	36,347	35,984	35,624	35,267
Portion Acute	25,393	21,797	22,582	22,356	22,132		
c. Total Inpatient Census	2,926	2,935	2,906	2,869	2,848	2,820	2,791
Portion Acute	379	371	361	361	361		
d. Total Inpatient Beds (Average)	2,600	2,208	1,972	1,972	1,972	1,972	1,972
Portion Acute	600	439	409	409	409		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #20 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	10.44	10.31	10.16	10.01	10.01	10.01	10.01
b. Inpatients Treated / Total PRP:	0.30	0.27	0.26	0.25	0.24	0.23	0.22
c. Inpatients Treated / Inpatient Census:	13.55	12.64	12.63	12.67	12.63	12.63	12.64
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	26.95	28.89	28.89	28.89	28.89	28.89	28.89
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$5,421	\$5,433	\$5,444	\$5,480	\$5,281	\$5,137	
Percent Change from 1997 Base		0.22%	0.42%	1.09%	-2.58%	-5.24%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-3.58%	-7.36%	-10.84%	-18.44%	-25.72%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		7.10%	9.78%	12.52%	16.46%	20.53%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.63%	3.63%	3.65%	4.22%	4.99%	6.02%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$	45.65%	45.15%	44.66%	44.16%	43.67%		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #21 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$42,169	\$22,415	\$27,429	\$30,861	\$31,835	\$33,633	\$35,931
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$720,383	\$732,623	\$739,160	\$738,321	\$737,099	\$735,081	\$761,248
(b). Specific Purpose (facility specific)	\$72,167	\$67,357	\$78,371	\$80,323	\$82,314	\$84,118	\$85,404
(c). Specific Purpose (overhead)	\$30,493	\$29,937	\$28,671	\$28,671	\$28,671	\$28,671	\$30,621
(2). MCCF Transfers		\$16,889	\$17,908	\$21,439	\$26,365	\$32,938	\$33,696
(3). Medicare Reimbursement		\$0	\$3,088	\$3,088	\$3,088	\$30,000	\$47,400
(4). TRICARE Reimbursement	\$184	\$392	\$1,195	\$4,048	\$6,580	\$7,673	\$7,706
(5). Enhanced Sharing Reimbursement	\$419	\$344	\$1,273	\$1,502	\$2,261	\$2,520	\$2,581
(6). VA-DoD Sharing Reimbursement	\$1,363	\$2,004	\$3,089	\$4,170	\$7,752	\$9,840	\$9,927
(7). Other Reimbursements	\$1,011	\$1,848	\$6,404	\$9,288	\$11,137	\$11,446	\$11,821
Subtotal New Funds	\$826,020	\$851,394	\$879,159	\$890,850	\$905,267	\$942,287	\$990,404
Total Availability (Carryover + New Funds)	\$868,189	\$873,809	\$906,588	\$921,711	\$937,102	\$975,920	\$1,026,335
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$5)	(\$4)	(\$4)	(\$4)	(\$4)	(\$4)	(\$4)
14 Month, expiring ( - )	(\$2)	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)	(\$1)
Multi-year & No-year Carryover ( - )	(\$22,415)	(\$27,429)	(\$30,861)	(\$31,835)	(\$33,633)	(\$35,931)	(\$36,491)
Total Obligations	\$845,767	\$846,375	\$875,722	\$889,871	\$903,464	\$939,984	\$989,839
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$211,945	\$223,150	\$228,764	\$227,844	\$232,310		
Outpatient Care	\$300,980	\$327,647	\$353,458	\$372,115	\$385,251		
Other Obligations	\$332,842	\$295,578	\$293,500	\$289,912	\$285,903		
Total Obligations	\$845,767	\$846,375	\$875,722	\$889,871	\$903,464		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	7,399	7,504	7,254	6,865	6,801	6,801	6,801
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	137,677	146,706	154,467	160,476	165,450	169,277	172,409
b. Total Prorated Persons (PRPs)	132,433	141,118	148,583	154,363	159,148	162,830	165,842
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.039600						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		110,951	116,821	120,744	122,425		
Discretionary veterans		9,292	9,784	10,322	11,096		
Non-veteran users		20,875	21,978	23,297	25,627		
Total PRPs		141,118	148,583	154,363	159,148		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	1,537,156	1,602,391	1,670,615	1,730,815	1,765,431	1,784,853	1,793,956
b. Total Inpatients Treated	32,448	31,268	30,799	30,491	30,935	31,491	32,121
Portion Acute	18,244	17,831	17,851	17,672	17,929		
c. Total Inpatient Census	2,769	2,703	2,595	2,517	2,442	2,368	2,297
Portion Acute	339	309	301	288	276		
d. Total Inpatient Beds (Average)	1,900	1,900	1,850	1,775	1,750	1,750	1,750
Portion Acute	479	472	422	347	322		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch. 2 - Budget Planning

VISN #21 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	11.61	11.35	11.24	11.21	11.09	10.96	10.82
b. Inpatients Treated / Total PRP:	0.25	0.22	0.21	0.20	0.19	0.19	0.19
c. Inpatients Treated / Inpatient Census:	11.72	11.57	11.87	12.11	12.67	13.30	13.98
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	31.15	31.55	30.75	30.21	28.81	27.45	26.10
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$6,386	\$5,998	\$5,894	\$5,765	\$5,677	\$5,773	
Percent Change from 1997 Base		-6.08%	-7.70%	-9.72%	-11.10%	-9.60%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-9.88%	-15.48%	-21.65%	-26.96%	-30.08%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		6.56%	12.19%	16.56%	20.17%	22.95%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.36%	2.52%	3.75%	4.89%	6.32%	10.02%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$\$	41.32%	40.51%	39.29%	37.98%	37.62%		



**Summary of Network Strategic Planning Information, 1999-2003**  
**Ch.2 - Budget Planning**

VISN #22 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
<b>1. Financial (\$'s in thousands):</b>							
a. Obligations:							
Carryover from Prior Year	\$46,430	\$34,785	\$51,750	\$45,500	\$40,000	\$40,000	\$40,000
New Funds:							
(1). Network Allocation for Medical Care							
(a). General Purpose	\$917,599	\$942,383	\$923,416	\$922,291	\$919,852	\$917,221	\$951,340
(b). Specific Purpose (facility specific)	\$70,887	\$75,146	\$72,623	\$73,339	\$74,069	\$74,730	\$75,201
(c). Specific Purpose (overhead)	\$39,356	\$39,646	\$37,970	\$37,970	\$37,970	\$37,970	\$40,552
(2). MCCF Transfers		\$17,545	\$18,910	\$24,637	\$32,371	\$40,441	\$41,372
(3). Medicare Reimbursement		\$0	\$3,088	\$3,088	\$3,088	\$10,000	\$15,000
(4). TRICARE Reimbursement	\$4	\$55	\$2,500	\$6,500	\$11,000	\$16,000	\$16,000
(5). Enhanced Sharing Reimbursement	\$322	\$1,025	\$4,525	\$8,025	\$11,525	\$15,025	\$15,025
(6). VA-DoD Sharing Reimbursement	\$1,595	\$1,750	\$5,000	\$8,500	\$12,500	\$17,000	\$17,000
(7). Other Reimbursements	\$741	\$500	\$4,000	\$8,000	\$12,000	\$16,000	\$16,000
Subtotal New Funds	\$1,030,504	\$1,078,050	\$1,072,032	\$1,092,350	\$1,114,375	\$1,144,387	\$1,187,490
Total Availability (Carryover + New Funds)	\$1,076,934	\$1,112,835	\$1,123,782	\$1,137,850	\$1,154,375	\$1,184,387	\$1,227,490
Unobligated Adjustments (End of Year):							
One year, expiring ( - )	(\$14)	(\$5)	(\$5)	(\$5)	(\$5)	(\$5)	(\$5)
14 Month, expiring ( - )	(\$4)	(\$2)	(\$2)	(\$2)	(\$2)	(\$2)	(\$2)
Multi-year & No-year Carryover ( - )	(\$34,785)	(\$51,750)	(\$45,500)	(\$40,000)	(\$40,000)	(\$40,000)	(\$40,000)
Total Obligations	\$1,042,131	\$1,061,078	\$1,078,275	\$1,097,843	\$1,114,368	\$1,144,380	\$1,187,483
	SHOULD TIE TO TOTALS ON CROSSWALK TABLE B2 FOR FY 1998-2001						
b. Distribution of Funding by selected activities:							
Acute Hospital Care	\$289,331	\$284,991	\$280,716	\$276,505	\$272,357		
Outpatient Care	\$409,044	\$429,496	\$450,970	\$473,518	\$497,194		
Other Obligations	\$343,756	\$346,591	\$346,589	\$347,820	\$344,817		
Total Obligations	\$1,042,131	\$1,061,078	\$1,078,275	\$1,097,843	\$1,114,368		
<b>2. Federal Employment:</b>							
Average Employment (FTE) Total	10,219	9,823	9,700	9,500	9,000	9,000	9,000
<b>3. Unique Patient Users and PRPs:</b>							
a. Total Unique Patient Users @ VISN	178,350	185,500	192,000	199,300	207,650	216,455	216,455
b. Total Prorated Persons (PRPs)	170,931	177,783	184,013	191,009	199,012	207,450	207,450
c. Conversion factor (1997 Uniques @ VISN / PRPs)	1.043400						
d. Distribution of PRPs by Eligibility Category:							
Category A veterans		148,982	154,019	159,684	166,175		
Discretionary veterans		11,023	10,673	10,314	9,951		
Non-veteran users		17,778	19,321	21,011	22,886		
Total PRPs		177,783	184,013	191,009	199,012		
<b>4. Workload Episodes (see Utilization Rates Below):</b>							
a. Outpatient Visits (Staff & Fee)	2,113,727	2,070,000	2,024,143	2,005,595	1,990,120	2,074,500	2,074,500
b. Total Inpatients Treated	35,654	33,500	33,835	34,170	34,515	34,515	34,515
Portion Acute	22,341	20,500	20,605	20,710	20,820		
c. Total Inpatient Census	2,243	2,200	2,195	2,190	2,185	2,185	2,185
Portion Acute	437	385	380	375	370		
d. Total Inpatient Beds (Average)	2,625	2,643	2,630	2,615	2,600	2,600	2,600
Portion Acute	827	527	505	480	450		

# Summary of Network Strategic Planning Information, 1999-2003

## Ch.2 - Budget Planning

VISN #22 - TABLE B1 - BUDGETARY PLANNING DATA SET (Figures may differ from actual VA budget.)							
Description	1997	1998	1999	2000	2001	2002	2003
	Base	Operational Planning Period			Strategic		
5. Utilization Rates:							
a. Outpatient Visits / Total PRP:	12.37	11.64	11.00	10.50	10.00	10.00	10.00
b. Inpatients Treated / Total PRP:	0.21	0.19	0.18	0.18	0.17	0.17	0.17
c. Inpatients Treated / Inpatient Census:	15.90	15.23	15.41	15.60	15.80	15.80	15.80
d. Length of Stay (IP Pat. Days/ IP Pats.Trtd):	22.96	23.97	23.68	23.46	23.11	23.11	23.11
7. Financial Measures:							
a. Obligations Per PRP (30% Network Target by 2002):							
Obligations Per PRP	\$6,097	\$5,968	\$5,860	\$5,748	\$5,600	\$5,516	
Percent Change from 1997 Base		-2.12%	-3.89%	-5.72%	-8.15%	-9.53%	
Assumed portion Current Services		3.80%	7.78%	11.93%	15.86%	20.48%	
Percent Change Net of Current Services		-5.92%	-11.67%	-17.65%	-24.01%	-30.01%	
b. % Change in PRPs from 1997 base (20% Network Target by 2002)		4.01%	7.65%	11.75%	16.43%	21.36%	
c. % Alternative Revenues to Total Appropriation (Sum 1a.1a-1c) (10% Network Target by 2002)	0.26%	1.94%	3.55%	5.38%	7.40%	10.00%	
d. % of Acute Hospital \$\$ to Tot. Acute + OP \$	41.43%	39.89%	38.37%	36.87%	35.39%		

## **CHAPTER 3. SECTION 8107 REPORT**



## CHAPTER 3. SECTION 8107 REPORT

Section 8107 of Title 38 U.S.C. codified certain requirements for VA strategic planning to be reported to Congress concurrent with submission of the President's budget. Specifically, in order to promote effective planning for the efficient provision of care to eligible veterans, the Secretary, based on the analysis and recommendations of the Under Secretary for Health, shall submit to each committee an annual report regarding long-range health planning of the Department. The major reporting requirements are as follows:

- A five-year strategic plan for the provision of care to eligible veterans through coordinated networks of medical facilities operating within prescribed geographic service-delivery areas. This plan should include provision of services for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, blindness, amputations, and mental illness) through distinct programs or facilities of the Department dedicated to the specialized needs of those veterans.
- A description of how planning for the networks will be coordinated.
- The mission of each existing or proposed medical facility in the network and any planned change in mission for any such facility and the rationale for such planned change. Also, report the progress toward instituting the planned mission changes identified.
- The population of veterans to be served by the network and anticipated changes over a five-year period and ten-year period, respectively, in that population and in the health-care needs of that population.
- The progress toward the goal of achieving relative equivalency to the level of resources per patient distributed to each network, such information to include the plans for and progress toward lowering the cost of care-delivery in the network.
- The capacity of non-Federal facilities in the network to provide acute, long term, and specialized treatment and rehabilitative services and determinations regarding the extent to which services to be provided in each service-delivery area and each facility in such area should be provided directly through facilities of the department or through contract or other arrangements.
- A five-year plan for construction, replacement, or alteration projects in support of the approved mission of each facility in the network and a description of how those projects will improve access to care, or quality of care, for patients served in the network. (See Chapter 4)
- Progress toward implementing principles of managed care of eligible veterans.
- The progress toward developing and instituting cost-effective alternatives to the provision of institutional care.
- A report showing the location, space, cost and status of each medical facility the construction, alteration, lease, or other acquisition of which has been approved and which was uncompleted as of the date of the last preceding report made under this requirement.<sup>1</sup>
- A report showing the current priorities of the Department for proposed major medical construction projects identifying the projects that have the highest priority.<sup>1</sup>

<sup>1</sup> The VA Report "Priority Major Medical Construction Projects" was published in February 1999, and transmitted to Congress.

**Chapter 3** summarizes selected information submitted by the VISNs for inclusion in the Section 8107 Report to Congress; specifically, in the categories of (1) special emphasis programs, (2) planned mission changes, (3) the capacity of non-federal facilities, and (4) the progress toward implementing principles of managed care for eligible veterans.

### SPECIAL EMPHASIS PROGRAMS

VHA is especially focused on delivering quality healthcare to VA's special populations, including those specific categories identified in Section 8107, i.e., disabled veterans with spinal cord dysfunction, blindness,

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amputations, and mental illness. A separate annual report is produced by VHA entitled “Maintaining Capacity to Provide for the Specialized Treatment and Rehabilitative Needs of Disabled Veterans, with May 1998 being the most recent report.

In an effort to improve efficiency and effectiveness, while improving quality and customer satisfaction, the VISNs have accomplished and are planning further enhancements for the special emphasis programs. The following are examples of VISN activities.

**Addictive Disorders**

- Revise criteria for admitting substance abuse patients. (Network 4)
- Include Substance Abuse services in outpatient mental healthcare delivery settings. (Network 6)
- Established an Addiction Severity Index (ASI) subgroup and conducted train-the-trainer program to ensure appropriate administration of ASI. (Network 8)

**Geriatrics and Long-Term Care**

- Establish Network GRECC. (Networks 2, 3)
- Implemented Network (multi-state) community nursing home contract. (Network 1)
- Developed and implemented a population-based long-term care funding model versus the bed-based model currently used. (Network 4)
- Developed uniform admission criteria for NHCUs and ECRUs that promote rehabilitative care. (Network 6)
- Developed Network policy for provision of contract nursing home care for NSC patients. (Network 4)
- Developed uniform procedures for outplacement to community extended care resources. (Network 6)
- Implemented CARE Research Project to understand home care needs of veterans. (Network 7)
- Enhance community-based care via pilot placing telemedicine equipment in patient’s homes, when appropriate. (Network 8)

**Gulf War Veterans**

- Designated a specific clinic and provider to administer Gulf War Registry Health Examination program. (Networks 1, 12)
- Develop referral process from Persian Gulf registry exam to primary care clinics at all network sites. (Networks 7, 13)
- Awarded \$1 million grant for Gulf War Veterans and Family Study. (Network 6)

**Homelessness**

- Expanded partnership with the State Department of Veterans Affairs in addressing the needs of homeless veterans. (Network 12)
- Develop a transitional housing program with community providers. (Networks 1, 6, 7, 8, 12, 14, 20, 22)
- Expand vocational training programs within Domiciliary and community-based residential programs to include timely, marketable job skill. (Network 1)
- Establish new and expand current vocational rehab processes by collaborating with non-profit and for-profit organizations to increase job training and permanent placement opportunities. (Networks 2, 3, 4, 6, 7, 8, 9)
- Implemented a Critical Time Intervention pilot. (Network 6)

### **Preservation/Amputation Care**

- Expand VHA 8 module guideline for Diabetes. (Network 2)
- Develop and implement Practice Management Guidelines, monitoring and tracking programs, and/or other programs for improving standardization and treatment. (Networks 2, 3, 4, 7, 8)
- Develop standing orders to refer high risk patients to foot care provider. (Networks 1, 4, 6, 8)
- Established Operation Desert Foot Program to evaluate and treat veterans with diabetes throughout Arizona. (Network 18)

### **Prosthetics and Rehabilitative Medicine**

- Provided additional staffing hours using volunteers and Compensated Work Therapy staff. (Network 1)
- Developed Network -wide contract for eyeglasses. (Networks 2, 6)
- Developed and implemented Network-wide Prosthetic program and policies. (Networks 1, 2, 6, 10)
- Institute standardized ordering system to enhance compliance with guidelines. (Network 9)

### **Seriously Mentally Ill**

- Standardize care through the Network with emphasis on community management. (Network 2)
- Expanded use of Nurse Clinical Specialist in Psychiatry in treating and following veterans with psychiatric disorders. (Network 4)
- Developed and partially implemented strategy for testing schizophrenic patients using PANSS and Simpson-Angus Scales. (Network 4)

### **Spinal Cord Injury & Disorders**

- Worked with the Paralyzed Veterans of America to identify veterans in need of services. (Network 12)
- Establish a transportation program to ensure SCI/D patients have appropriate transportation to access VA services. (Network 17)
- Establish SCI Primary Care Teams within existing resources to enhance coordination of care for SCI/D veterans. (Networks 1, 7, 9, 17)
- Track SCI patients using Customer Service Quick Cards (Networks 1, 2)
- Develop a standard policy to be used to all facilities to ensure uniform care
- Developed a self-care unit at VAMC Richmond. (Network 6)

### **Traumatic Brain Injury**

- Track TBI patients using Customer Service Quick Cards, and other means. (Networks 2, 6)
- Standardize FIM reporting network-wide. (Network 7)
- Initiated ongoing collaboration with DOD to ensure that active duty TBI patients are discharged from the military to veteran status expeditiously. (Network 8)

### **Women Veterans**

- Developed informational packet of women's health materials. (Networks 13, 14)
- Each Division will have a Women Veterans Coordinator who will have direct access to facility and service line managers to advise on preventive health care for women. (Network 1)
- Increase access to same day mammography visits for established patients. (Network 3)
- Track time from abnormal mammogram to biopsy. (Network 4)

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- Established a “standard benefits package” which will be available for women VISN-wide, including having mammography on site. (Network 8)
- Produced and distributed three women’s health patient education videos. (Network 16)
- Develop and implement Women Veterans’ Comprehensive Health Centers. (Network 17)

**MAJOR MISSION CHANGES**

This section identifies the locations that are planning or implementing a major change in mission, and the rationale for and progress of the mission change.

**Boston and West Roxbury, MA - VISN 1**

**VA Medical Center, Brockton/West Roxbury, MA.** The Brockton/West Roxbury VAMC is a comprehensive health care complex with facilities located in Brockton, West Roxbury and Worcester, MA. It is a general medical and surgical hospital. It provides a wide range of acute and long-term inpatient and outpatient medical, surgical, psychiatric, neurologic, rehabilitative and spinal cord injury services at its two divisions in West Roxbury and Brockton. The Worcester Outpatient Clinic offers comprehensive ambulatory care services to veterans in central Massachusetts.

The medical center serves as a regional and VISN referral center for the diagnosis and treatment of acute spinal cord injury, and for cardiovascular disease, cardiac catheterization, cardiac and thoracic surgery, cardiac electrophysiology studies, neuropsychiatric disorders, and cardiovascular disease. Special medical programs are available, including a geriatric evaluation unit, alcohol/drug detoxification and treatment, urodynamics, computer tomography (CT), mammography, electrophysiology, sleep lab, and a broad range of mental hygiene and day hospital neuropsychiatric services. VHA “Special Programs” include geriatric and long-term care; Homeless Veterans Treatment and Assistance; Gulf War Veterans Program; Post Traumatic Stress Disorder; Preservation/Amputation Care and Treatment; Prosthetic and Sensory Aids Service; Readjustment Counseling Service; Serious Mentally Ill Veterans; Spinal Cord Injury; and Substance Abuse. The Cardiac Surgery Program at the West Roxbury campus has been designated by VHA as a “Clinical Program of Excellence.

<b><i>Mission change:</i></b>	Integrate the Boston/West Roxbury facilities and consolidate all acute inpatient hospital services at the Boston campus.
<b><i>Rationale:</i></b>	Provide more cost effective and higher quality services by realigning services in the integrated system.
<b><i>Status:</i></b>	Implementation is deferred pending results of VHA’s assessment of options during FY98.

**Bath and Canandaigua, NY - VISN 2**

**VA Medical Center, Bath, NY.** The Bath medical center is a general medical facility. The medical center currently includes a hospital, a nursing home, and a domiciliary. Bath provides various levels of care in acute care medicine, psychiatry, substance abuse and aftercare, intermediate and nursing home care. The domiciliary offers a full range of progressive medical, therapeutic, and vocational rehabilitation programs designed to rehabilitate the domiciliary patient to function at the highest level of independence possible.

<b><i>Mission change:</i></b>	Closure of Acute Psychiatric Care at Bath VAMC
<b><i>Rationale:</i></b>	To provide effective, efficient care to patients in the most appropriate clinical setting. The Average Daily Census (ADC) has declined to the point that patient volume is insufficient to ensure the staff maintains proper clinical skills. Additionally, this patient volume is below the critical mass necessary to allow reasonable operating costs.
<b><i>Status:</i></b>	The ward closed in 1998, and subsequent psychiatric admissions have been made at Canandaigua VAMC. This facility is especially equipped for the care of the psychiatric patient and can easily absorb the additional workload.



	The proximity of the two medical centers makes access to care a null issue. All stakeholders have been included in the planning discussions and are being updated on implementation on a continual basis
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**VA Medical Center, Canandaigua, NY.** The Canandaigua facility is a long-term care facility that provides inpatient and outpatient medical services, specializing in long-term care, alcohol and substance abuse rehabilitation, and mental health services, including progressive community placement and support that includes a day treatment center and mental health initiative program.

<b><i>Mission change:</i></b>	Closure of 16-bed Acute Medicine Ward.
<b><i>Rationale:</i></b>	To provide effective, efficient care to patients in the most appropriate clinical setting. The Average Daily Census (ADC) has declined to the point that patient volume is insufficient to ensure the staff maintains proper clinical skills. Additionally, this patient volume is below the critical mass necessary to allow reasonable operating costs.
<b><i>Status:</i></b>	The Closure Plan has been implemented. In concert with the local partnership, logistics have been delineated for emergency services; transfers to the community hospital supported by continued VISN 2 utilization management program, and internal transfers of qualified veterans to extended care beds. Local community healthcare providers and stakeholders are continually being updated as the implementation process proceeds.

### New York and Brooklyn, NY - VISN 3

**VA Medical Centers, Brooklyn and New York, NY.** The New York facility provides tertiary and primary care; services include medicine, surgery, neurology, mental health and rehabilitation. The medical center is designated a VHA Center of Excellence in Cardiac Surgery, and Aids Research and Clinical Care, as well as being a regional and network referral center for neurosurgery, cardiovascular surgery, metabolic stone disease prevention and treatment, dermatology, and electron microscopy. VAMC New York operates a community-based outpatient clinic in Harlem, a C&P clinic at the VARO-New York, and supports two Vet Centers, one in Times Square and one in Harlem.

Brooklyn is a three-division medical center consisting of a general medical, surgical, psychiatric facility in Brooklyn, a long-term care/primary care facility located in Queens, a mental health/primary care clinic located in downtown Brooklyn and a community-based clinic located on Staten Island. The medical center comprises medicine, surgery, psychiatry, and intermediate care, a nursing home care unit and domiciliary beds. It supports three Veterans Outreach Centers in Queens, Kings and Richmond Counties. Special emphasis programs include homeless veterans, Gulf War veterans, seriously mentally ill, and women veterans' health.

<b><i>Mission change:</i></b>	Integrate the New York and Brooklyn Medical Centers.
<b><i>Rationale:</i></b>	Improve quality of care in a seamless manner, while achieving a more cost-effective organization.
<b><i>Status:</i></b>	Both facilities are now under single Director. Discussions have been held with various stakeholders at both institutions, including Employees and Volunteers, Union Officials, Medical School Affiliates, Veterans Service Officers and Veterans Service Organization Commanders and Representatives, and Congressional Representatives and/or staff members. All groups have indicated a partnership is necessary to ensure the future provision of high quality VA health care in New York City. The integration proposal for VAMCs Brooklyn and New York is currently undergoing Headquarters review.

## Montgomery and Tuskegee, AL – VISN 7

**VA Medical Center, Montgomery, AL.** Montgomery is a general medical and surgical acute care facility providing primary, secondary and sub-acute care.

<b>Mission change:</b>	Integrate Montgomery VAMC with Tuskegee VAMC.
<b>Rationale:</b>	Improve quality and efficiency and allow improved access to care for veterans.
<b>Status:</b>	Implementation continuing.

**VA Medical Center, Tuskegee, AL.** Tuskegee provides general medicine, long term, and rehabilitative care in addition to its role as a referral center for neuropsychiatry. Inpatient and outpatient health care options in geriatrics, medicine, mental health and rehabilitation medicine is provided to veterans from southeast Alabama, southwest Georgia, and north Florida. It has a domiciliary to serve the homeless and a program serving the homeless chronically mentally ill.

<b>Mission change:</b>	Integrate Tuskegee VAMC with Montgomery VAMC.
<b>Rationale:</b>	Improve quality and efficiency and allow improved access for care to veterans.
<b>Status:</b>	Implementation continuing

## Tampa, FL - VISN 8

**VA Medical Center, Tampa, FL.** This is a tertiary care facility providing comprehensive medical, surgical, psychiatric, spinal cord injury, rehabilitation medicine, and neurology services. Tampa also has a nursing home care unit. Special programs include open heart surgery, MRI and lithotripsy capability, homeless veterans program, a stroke center, a traumatic brain injury center, and a comprehensive women's center. Satellite clinics are located in Orlando and Pt. Richey; community-based outpatient clinics are located in Bartow, Palm Bay, and Brooksville, FL.

<b>Mission change:</b>	A project to relocate and expand the Spinal Cord Injury (SCI) program at Tampa has been requested in the FY2000 budget.
<b>Rationale:</b>	The project will correct significant deficiencies in SCI space, functionality, patient privacy, life safety, and barriers to the handicapped will be corrected. The program currently serves only SCI patients requiring intensive rehabilitation and sustaining care, and these changes will allow treatment of long-term SCI patients VISN-wide.
<b>Status:</b>	Award of the construction contract is planned for March 2000, with completion anticipated by October 2001.

<b>Mission change:</b>	Open the 120-bed nursing home care unit (NHCU), co-located with the VA Satellite Outpatient Clinic in Orlando, in FY99.
<b>Rationale:</b>	Project designed to help meet the long-term care needs of an aging population in east central Florida, including some geropsychiatric/dementia needs. Upon Congress' authorization of the FY2000 budget request, the former bachelors enlisted quarters will be converted into a 60-bed domiciliary to provide transitional housing for homeless veterans or those receiving psychiatric care.
<b>Status:</b>	The nursing home construction is scheduled for completion in March 1999, with activation planned by early summer.

## Omaha, NB and Greater Nebraska HCS - VISN 14

**Greater Nebraska Health Care System.** Grand Island Division provides primary medical care and extended care, which includes an outpatient alcohol treatment unit and a nursing home care unit. Specialized services include chemotherapy, physical therapy, speech therapy, cardiopulmonary function testing and dental services. The medical center opened a new community-based clinic in North Platte, NE, in September 1995.

Lincoln Division operates primary and secondary medical and surgical hospital beds and provides primary and secondary acute medical, surgical and psychiatric services on an outpatient basis. Ambulatory care services include a full spectrum of secondary care clinics. The medical center is currently designated as the Clinic of Jurisdiction for the fee basis medicine program in Nebraska.

<b>Mission change:</b>	Integration of VA Greater Nebraska HCS and Omaha VAMC.
<b>Rationale:</b>	Reduction of supervisory layering, improved operating efficiencies, elimination of duplicative services, and improved coordination of care among facilities.
<b>Status:</b>	Timeline for preliminary integration is under review in Headquarters.

**VA Medical Center, Omaha, NE.** Omaha provides primary, secondary and tertiary acute medical, surgical and psychiatric inpatient care. Primary and secondary levels of specialized outpatient services are provided through the ambulatory care program. New programs within the last four years include an outpatient geriatric evaluation unit, a sleep disorders program, a post traumatic stress disorder program, and a program which consolidated the Nebraska VAMCs MCCR offices to support a centralized collection unit. The medical center houses the only hospital based research nuclear reactor in the country.

<b>Mission change:</b>	Integration of VA Greater Nebraska HCS and Omaha VAMC.
<b>Rationale:</b>	Reduction of supervisory layering, improved operating efficiencies, elimination of duplicative services, and improved coordination of care among facilities.
<b>Status:</b>	Timeline for preliminary integration is under review in Headquarters.

## Topeka and Leavenworth, KS – VISN 15

**VA Eastern Kansas Health Care System.** The VA Eastern Kansas Health Care System, consisting of the Colmery-O'Neil VA Medical Center in Topeka and the Dwight D. Eisenhower VA Medical Center in Leavenworth, serves as the primary health care provider for veterans in northeast/north-central Kansas and northwest Missouri.

VAEKHCS offers a wide range of primary and secondary care treatment in general medicine and surgical services and primary through tertiary levels of care in psychiatry. The health care system provides inpatient and outpatient care in many areas including primary care, general medicine, general surgery, thoracic surgery, vascular surgery, orthopedic surgery, ophthalmology, cardiology, intermediate care, geriatric care, infectious disease treatment, intensive care, physical and rehabilitation medicine, neurology, gastroenterology, and vocational rehabilitation. Acute and long-term psychiatric care, including post traumatic stress disorder, geropsychiatry, and substance abuse treatment, is provided. Extended care is supported with nursing home care units and a domiciliary. VAEKHCS operates Community Based Outpatient Clinics and Medical Outreach Clinics providing increased accessibility to care for veterans

<b>Mission change:</b>	Integrate Colmery-O'Neil and Dwight D. Eisenhower VA Medical Centers
<b>Rationale:</b>	Provide more cost effective and higher quality services to veterans in the eastern Kansas area.
<b>Status:</b>	Facility Director is in place, proposed organizational chart has been submitted for approval. Reorganization will be completed during FY99.

## VA Northern California HCS - VISN 21

**VA Northern California Health Care System.** The Northern California Health Care System (NCHCS) is a constellation of complex outpatient clinics linked to acute care facilities at a VA/DOD joint venture at Travis Air Force Base and the Center for Rehabilitation and Extended Care (CREC) in Martinez, California. Between the joint venture at Travis and the CREC, NCHCS has 137 operating beds. NCHCS also refers patients to VAMC San Francisco and VA Palo Alto Health Care System for tertiary care. In FY99, it is anticipated that NCHCS will establish a VA inpatient presence at McClellan Hospital at Mather Field. NCHCS has 1,083 employees and had approximately 380,000 outpatient visits in FY97. Outpatient services are offered in Oakland, Martinez, Redding, Chico and Sacramento and additional outpatient sites are planned in FY99 at Mare Island in Vallejo, California and at David Grant Medical Center at Travis Air Force Base, Fairfield, California. The Northern California Health Care System is affiliated with the University of California at Davis. With the emerging VA inpatient presence at McClellan Hospital in Sacramento, this market will experience tremendous shifts in care over the ensuing years.

<b><i>Mission change:</i></b>	Establishment of a VA inpatient presence at McClellan Hospital at Mather Field, Sacramento, California. Closure of VA operated inpatient ward at David Grant Medical Center (DGMC) and establishment of an outpatient primary care clinic, Travis Air Force Base, Fairfield, California
<b><i>Rationale:</i></b>	Increase access to VA inpatient services in the Sacramento Valley area. Develop contractual arrangements for the provision of inpatient services in the Fairfield, California area with the Air Force. Increase access to VA outpatient services in Fairfield, California at Travis Air Force Base and in Vallejo, California at Mare Island.
<b><i>Status:</i></b>	Start Year: FY 99 (McClellan inpatient services-5ICU and 15 Med/Surg beds); FY 99 (Closure of VA operated inpatient services at David Grant Medical Center, Travis Air Force Base); FY99 establish an outpatient primary care clinic at David Grant Medical Center, Travis Air Force Base, Fairfield, California; FY 99 open community based outpatient clinic with San VAMC at Mare Island in Vallejo, CA. Completion Date: FY 2002 (McClellan inpatient services); FY99 (Development of contractual inpatient services at David Grant Medical Center at Travis Air Force Base and establish primary care clinic); FY 99 open community based outpatient clinic with San VAMC at Mare Island in Vallejo, CA.
	Currently developing contractual relationships with David Grant Medical Center for inpatient services and establishing a primary care clinic at David Grant Medical Center, Travis Air Force Base, Vallejo, California. Design and implementation plans are underway for inpatient services at McClellan. Initial target –5 ICU and 15 Med/Surg beds for March 1999.

## VA Greater Los Angeles HCS, CA - VISN 22

**VA Greater Los Angeles Healthcare System, CA.** VAGLAHCS is the largest integrated VA healthcare organization, providing comprehensive ambulatory and tertiary care to veterans throughout Los Angeles, Kern, Ventura, and San Luis Obispo counties. The system is affiliated with two major Southern California universities, UCLA and USC, and provides strong academic relationships with many other professional education institutions. Programs emphasizing ambulatory care, acute and consultative care; surgical and preoperative care; geriatrics and rehabilitative care, mental health care and community care services are offered at major sites within the system. Large ambulatory care centers are located in Sepulveda, Bakersfield, Santa Barbara, Los Angeles and East Los Angeles. CBOCs are operational in Gardena, Antelope Valley, Pt. Hueneme, and Lompoc and other CBOCs will be opened in Hollywood, Culver City and San Luis Obispo in early FY '99.

<b><i>Mission change:</i></b>	The consolidation of the West Los Angeles VAMC (WLA) and the Southern California System of Clinics (SCSC) into the VA Greater Los Angeles Healthcare System, as well as the additional five CBOCs.
<b><i>Rationale:</i></b>	Provide better-coordinated, higher quality services in a more cost-effective manner.
<b><i>Status:</i></b>	Databases were consolidated beginning with FY99. A Director has been appointed and the administrative organizational chart has been submitted and approved by Headquarters. The reorganization is well underway, with recruitment ongoing for key leadership positions.

## CAPACITY OF NON-FEDERAL FACILITIES

This component addresses Congressional interest in the capacity of non-Federal facilities in the network to provide acute, long-term, and specialized treatment and rehabilitative services. Although some information is available at a national level on non-Federal capacity, it is not adequate to determine the capacity that may actually be available should any VISN identify a local need for a given service.

To assess non-Federal capacity, each network selected a specific health care service for which the VISN may consider contracting and conducted a survey of appropriate community providers to determine their capacity for accepting VA patients. The services evaluated ranged from liver transplants to pre-natal/live birth services. The most commonly considered services were:

- Services related to non-acute care such as skilled nursing facilities, assisted living programs, nursing home care, neuro-psychiatric long term care, and home care for chronic conditions (8 VISNs)
- Hospice services (3 VISNs)

Overall the VISNs found that capacity in the private sector varied greatly among communities depending on the type of health care capacity evaluated. They also found other factors which would affect decisions for placing VA patients with community providers, such as:

- limited capacity in some programs
- concerns over the level of accreditation/certification (e.g.; Medicare, Medicaid, JCAHO, etc.), compliance with life safety codes, or quality of care
- restrictions concerning the patient's physical mobility, medical needs, or psychiatric needs
- geographic restrictions on the location of the patient's residence

As both VHA's needs and a community's capabilities continuously evolve, determinations regarding the extent to which veteran health care services in any geographic area should be provided directly by VHA or through contract or other arrangements are local decisions.

## PRINCIPLES OF MANAGED CARE

Each network listed activities that had been planned or completed to further implementation of the following 11 VHA principles of managed care.

- Improve the health of the population
- Maximize health capacity of each individual
- Integrate services and service delivery throughout the care process
- Optimize resource use

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- Organize providers to deliver a complete spectrum of care
- Align service delivery incentives with the well being of the served population
- Promote continuous process improvement
- Operationalize evidence-based research and clinical practice
- Influence clinical decision-making through data-driven research and education
- Measure and monitor performance
- Focus on efficiency and effectiveness through assessment of outcomes

Although numerous activities were highlighted in the VISN reports, many were similar and related to 5 basic themes: (1) disease prevention and treatment guidelines, (2) customer satisfaction, (3) primary care, (4) quality improvement, and (5) systematic monitoring and reporting.

#### **Prevention and Treatment Guidelines**

In addition to the required Clinical Practice Guidelines (CPGs), VISNs developed and activated guidelines specifically relevant for their workload based on high incidence or high resource use DRGs. Awareness and application of the CPGs was enhanced with automated alerts, education/training, and timely feedback. Screening and counseling were conducted in most inpatient and outpatient locations, as well as at public events such as health fairs. Efforts to adhere to CPGs include:

- Designed and implemented a system of electronic clinical notices to timely remind providers of appropriate prevention and treatment services for patients
- Automated clinical practice guidelines to optimize care and reduce variation
- Distributed to each provider a pocket size notebook of algorithms of all guidelines

#### **Customer Satisfaction**

Although customer satisfaction is influenced by every encounter a patient has with VHA and thus reflects all facets of VHA service, numerous activities were highlighted that could have a direct and positive impact on patient opinion. The majority of activities involved patient education and coordinated access to VHA care. Examples include:

- Trained peer veteran leaders, as well as clinical staff, to support full implementation of the Chronic Disease Self-Management Program
- Provided patients with information cards describing who they need to ask questions when they have concerns about various aspects of their health care
- Established a patient shuttle system that connects the referral center, medical centers, and community based outpatient clinics, enabling patients to travel from one site to another for care and return home with a minimum of inconvenience
- Implemented a VISN wide referral “work-up” procedure that promotes consistency in the personal and clinical information developed before referral to a tertiary facility, and curtails delays in transfer while reducing duplication of expenditures
- Established full-time Transfer Coordinator positions at tertiary care facilities, and part time positions at other facilities, to improve patient transportation within the network
- Implemented Member Services Business initiative to provide one stop shopping for administrative issues (e.g., beneficiary travel, eligibility, fee benefits, and enrollment)
- Designed a core competency credentialing process for customer service to be piloted in FY 1999

#### **Primary Care**

As opposed to 1994 when only 10% of VHA patients were enrolled in primary care, all VHA patients are now enrolled in primary care. In both routine VHA programs and in extensive outreach programs, encouraging healthy lifestyles and intervening as early as practicable in disease processes were common approaches to improving veterans' health. Providing care in the most appropriate setting (shifting from inpatient to outpatient care and

consolidating facilities/programs) with the right mix of providers and services were also prevalent factors in ensuring that all patients receive primary care. Examples of VISN activities include:

- Appointed a VISN Preventive Medicine Council to coordinate and monitor all aspects of health promotion and disease prevention
- Expanded the use of physician extenders when appropriate by reviewing all physician vacancies for potential reallocation of resources to support the recruitment of physician assistants and nurse practitioners

### **Quality Improvement**

Most of the activities related to quality improvement involved training to implement the Malcolm Baldrige Management Criteria and other total quality improvement models. Various groups were established to evaluate needs, to develop educational programs or new business processes, and to monitor progress. Examples of activities are:

- Developed a care management system to help veterans with complex problems more effectively manage their disease
- Redesigned patient safety programs to identify problems early
- Established the Special Thanks and Recognition (STAR) program that provides customer opportunities to recognize those employees who have given exceptional service
- Established an Adverse Outcomes Database that includes a Network Sentinel Events Registry

### **Monitoring/Reporting**

Systematic monitoring and reporting efforts included establishing program and service line benchmarks/measures both unique to the VISN and complementary to those at the national level from within and outside VHA. Data user groups, standardized data sources, analytical methods, and feedback mechanisms to monitor organizational performance, and provider profiles were generated to evaluate practice patterns. Automated systems were used to maintain real time alerts for services needed and tracking of services delivered. Following are examples of systematic reporting and monitoring activities:

- “Items of Information”, a monthly electronic message distributed network-wide that details the activities of the care/service lines. It includes progress reports for specific measures at the care/service line manager level and is rolled-up to respective Chief Operations Officers.
- “Vital Signs”, a monthly/quarterly summary of progress toward meeting Performance Measures and Goals, and relative standing on key quality, financial, and workload indicators. It is widely disseminated to all network councils, committees, management teams, chiefs, and the general employee population through posting in the Network newsletter.
- Established the Certified Data Analyst Program to increase the number of individuals skilled in gathering and analyzing data. In addition to training, participants are involved in ad hoc projects to supply much needed information, thus ensuring that they are using their skills and gaining experience.
- The visiting nurse program improved coordination of care with medical centers by using laptop computers with VISTA access to obtain data and enter progress notes.
- Two VISTA software packages were developed and tested to identify end stage renal disease and congestive heart failure patients in primary care.
- Primary care physicians are notified electronically when patients from their panels are admitted to the hospital or emergency room.

### **CONCLUSION**

VHA will continue to report strategic planning information on an annual basis as prescribed by Section 8107.





## **CHAPTER 4. CAPITAL ASSET PLANNING**



**CAPITAL ASSET PLAN SUMMARY**  
(\$ IN '000's)

VISN	Major Construction				
	1999	2000	2001	2002	2003
1		\$13,860	\$11,500		
2					
3					
4		\$10,000			
5					
6			\$20,000		
7		\$11,700			
8	\$20,593	\$23,000	\$11,000	\$8,055	
9		\$18,900			
10			\$16,650		
11		\$7,500			
12					
13		\$10,000			
14					
15		\$11,150			
16					
17		\$25,900			
18		\$27,800			
19	\$11,900				
20					
21		\$70,300			
22	\$3,840	\$58,942	\$13,500		
<b>Total</b>	<b>\$36,333</b>	<b>\$289,052</b>	<b>\$72,650</b>	<b>\$8,055</b>	

VISN	Minor Construction				
	1999	2000	2001	2002	2003
1	\$24,213	\$18,980	\$8,500		
2	\$5,469	\$11,362	\$10,500		
3	\$11,262	\$10,627	\$9,993	\$9,993	\$9,993
4					
5	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
6	\$5,453	\$5,452	\$5,452		
7	\$7,534				
8					
9	\$17,000	\$18,000	\$18,000	\$19,000	\$19,000
10					
11	\$7,000	\$7,000	\$7,500	\$8,000	\$7,500
12	\$9,905				
13	\$6,980	\$4,250	\$4,250	\$4,250	\$4,250
14	\$2,899				
15					
16	\$29,265	\$44,694	\$21,610		
17	\$10,125	\$12,950	\$10,990		
18	\$4,608	\$5,009	\$5,410		
19	\$3,488	\$3,574	\$3,660		
20	\$6,688	\$7,021	\$7,355		
21	\$6,714	\$7,291	\$7,868		
22					
<b>Total</b>	<b>\$162,602</b>	<b>\$160,210</b>	<b>\$125,088</b>	<b>\$45,243</b>	<b>\$44,743</b>

**CAPITAL ASSET PLAN SUMMARY**

(\$ IN '000's)

VISN	Non-Recurring Maintenance (NRM)				
	1999	2000	2001	2002	2003
1	\$27,947	\$17,275	\$19,600		
2	\$8,584	\$7,889	\$7,810		
3	\$22,403	\$21,501	\$23,000	\$23,000	\$23,000
4					
5	\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
6	\$9,000	\$9,000	\$9,000		
7	\$10,956				
8					
9	NRM totals are included in the minor construction totals.				
10					
11	\$11,500	\$11,500	\$11,500	\$11,500	\$11,500
12	\$18,127				
13	\$7,499	\$7,500	\$7,500	\$7,500	\$7,500
14	\$8,708				
15					
16	\$48,059	\$32,362	\$24,034		
17	\$14,728	\$16,385	\$12,972		
18	\$7,092	\$8,142	\$9,193		
19	\$5,923	\$6,000	\$6,000		
20	\$10,262	\$10,774	\$11,312		
21	\$11,639	\$11,800	\$11,850		
22					
<b>Total</b>	<b>\$228,427</b>	<b>\$166,128</b>	<b>\$159,771</b>	<b>\$48,000</b>	<b>\$48,000</b>

VISN	Leasing (Capital)				
	1999	2000	2001	2002	2003
1			\$626		
2					
3					
4					
5					
6	\$130	\$578	\$847		
7			\$367		
8		\$2,573			
9	\$1,270	\$1,272	\$1,275	\$1,350	\$1,355
10					
11	\$2,100	\$2,100	\$2,100	\$2,100	\$2,100
12	\$551				
13					
14					
15					
16	\$3,276				
17	\$653				
18		\$600			
19					
20					
21					
22		\$1,067			
<b>Total</b>	<b>\$7,980</b>	<b>\$8,190</b>	<b>\$5,216</b>	<b>\$3,450</b>	<b>\$3,455</b>

**CAPITAL ASSET PLAN SUMMARY**  
(\$ IN '000's)

	<b>Equipment</b>				
<b>VISN</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>		\$2,878			
<b>5</b>	\$11,000	\$11,000	\$11,000	\$11,000	\$11,000
<b>6</b>	\$14,508	\$16,321	\$16,321		
<b>7</b>	\$5,215				
<b>8</b>		\$19,253			
<b>9</b>	\$23,611	\$23,611	\$23,611	\$23,611	\$23,611
<b>10</b>	\$2,800	\$2,000	\$2,500		
<b>11</b>	\$20,000	\$13,000	\$13,000	\$13,000	\$13,000
<b>12</b>					
<b>13</b>	\$1,700				
<b>14</b>	\$364				
<b>15</b>					
<b>16</b>		\$2,600			
<b>17</b>	\$1,250	\$3,350	\$3,500		
<b>18</b>					
<b>19</b>					
<b>20</b>					
<b>21</b>	\$20,107				
<b>22</b>	\$2,650	\$3,939			
<b>Total</b>	<b>\$103,206</b>	<b>\$97,952</b>	<b>\$69,932</b>	<b>\$47,611</b>	<b>\$47,611</b>

	<b>Information Technology</b>				
<b>VISN</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>
<b>1</b>					
<b>2</b>	\$6,342				
<b>3</b>					
<b>4</b>					
<b>5</b>	\$10,000				
<b>6</b>	\$8,000	\$8,000	\$8,000		
<b>7</b>					
<b>8</b>					
<b>9</b>	\$13,500	\$13,500	\$13,500	\$13,500	\$13,500
<b>10</b>					
<b>11</b>	\$6,300	\$6,800	\$4,000	\$4,000	\$4,000
<b>12</b>					
<b>13</b>					
<b>14</b>					
<b>15</b>					
<b>16</b>	\$16,471	\$10,956	\$7,672	\$2,592	\$2,592
<b>17</b>					
<b>18</b>					
<b>19</b>					
<b>20</b>					
<b>21</b>					
<b>22</b>					
<b>Total</b>	<b>\$60,613</b>	<b>\$39,256</b>	<b>\$33,172</b>	<b>\$20,092</b>	<b>\$20,092</b>

**Summary of Network Strategic Planning Information, 1999-2003**  
**Ch. 4 – Capital Asset Planning**

**SELECTED HIGHLIGHTS BY VISN**

**VISN 1**

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
2000	VACHS (West Haven campus) renovate MS&N wards (\$13,860,359)
2001	Renovate Brockton SCI building to provide intermediate care, long term care and assisted living (\$11,500,000)
<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Boston Tertiary Care Implementation Plan to consolidate inpatient services at West Roxbury and implement a comprehensive ambulatory center with 24 hour urgent care at Jamaica Plain (\$14,330,000) Togus ambulatory surgery project (\$724,128) Brockton Renovate Bldg. 3 for Ambulatory Care (\$3,294,000)
2000	Boston Tertiary Care Implementation Plan to consolidate inpatient services at West Roxbury and implement a comprehensive ambulatory center with 24 hour urgent care at Jamaica Plain (\$10,480,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Boston Tertiary Care Implementation Plan to consolidate inpatient services at West Roxbury and implement a comprehensive ambulatory center with 24 hour urgent care at Jamaica Plain (\$5,265,000) Maintain existing VISN inpatient and outpatient infrastructure (\$22,681,767)
2000	Boston Tertiary Care Implementation Plan to consolidate inpatient services at West Roxbury and implement a comprehensive ambulatory center with 24 hour urgent care at Jamaica Plain (\$2,575,000)
2001	Boston Tertiary Care Implementation Plan to consolidate inpatient services at West Roxbury and implement a comprehensive ambulatory center with 24 hour urgent care at Jamaica Plain (\$2,600,000)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	Planning fifteen CBOCs (activation dates and capital costs to be determined)
2001	Springfield OPC lease extension (\$626,000)

**VISN 2**

<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Inpatient (\$175,000), Outpatient (\$4,401,575), Infrastructure (\$595,000) Other (\$297,000)
2000	Inpatient (\$1,499,900), Outpatient (\$3,460,000), Infrastructure (\$6,402,000)
2001	Inpatient (\$1,386,000), Outpatient (\$3,202,500), Infrastructure (\$5,911,500)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Inpatient (\$1,034,578), Outpatient (\$931,000), Infrastructure (\$6,617,981)
2000	Inpatient (\$1,590,026), Outpatient (\$997,000), Infrastructure (\$5,6301,854)
2001	Inpatient (\$1,711,626), Outpatient (\$187,308), Infrastructure (\$5,315,552), Other (\$595,514)
<b>FISCAL YEAR</b>	<b>SELECTED INFORMATION TECHNOLOGY</b>
1999	Fully computerize the medical record (\$2,105,000) Expand healthcare provider access to VISN 2 website and Internet/Intranet resources at medical centers and CBOCs. Improve data availability through data warehouse/practice management, data entry training and database consolidations (\$841,000) Establish a modern networking and telecommunications infrastructure (\$3,396,000)

### SELECTED HIGHLIGHTS BY VISN

#### VISN 3

<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Total All Categories (\$11,262,000)
2000	Total All Categories (\$10,627,000)
2001	Total All Categories (\$9,993,000)
2002	Total All Categories (\$9,993,000)
2003	Total All Categories (\$9,993,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Total All Categories (\$22,403,000)
2000	Total All Categories (21,501,000)
2001	Total All Categories (23,000,000)
2002	Total All Categories (23,000,000)
2003	Total All Categories (23,000,000)

#### VISN 4

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
2000	Philadelphia Parking Garage (\$10,000,000) Note: Included because project is listed in 8107 report as an FY2000 priority.
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
2000	Pittsburgh (UD) replace existing Digital Angiographic Unit to improve quality care and for infection control (\$1,400,000) Pittsburgh (UD) replace current Cardiac Cath Lab that is beyond its life expectancy and does not meet current standards (\$1,477,602)

#### VISN 5

<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
2000	Renovate existing inpatient space to improve outpatient clinic areas at Washington DC and Martinsburg (\$3,885,000)
2001	Relocate existing outpatient clinics to former inpatient areas at Washington DC (\$3,000,000)
2002	Renovate laboratory areas at Martinsburg and Washington DC (\$3,300,000)
2003	Convert existing space at Martinsburg, VAMHCS and Washington DC to outpatient space (\$4,000,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
2000	Maintain existing VISN outpatient (\$3,500,000) and inpatient infrastructure (2,500,000)
2001	Maintain existing VISN outpatient (\$3,500,000) and inpatient infrastructure (2,500,000)
2002	Maintain existing VISN outpatient (\$3,500,000) and inpatient infrastructure (2,500,000)
2003	Maintain existing VISN outpatient (\$3,500,000) and inpatient infrastructure (2,500,000)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
2000	Establish three CBOCs (capital cost yet to be determined)
2001	Establish three CBOCs (capital cost yet to be determined)
2002	Establish three CBOCs (capital cost yet to be determined)
2003	Establish three CBOCs (capital cost yet to be determined)

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**SELECTED HIGHLIGHTS BY VISN**

**VISN 5 (Continued)**

<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
2000	Replace R/F equipment at Martinsburg (\$510,000) and VAMHCS (\$505,000) Replace R/F Room Washington DC (\$500,000)
2001	Replace R/F equipment at Martinsburg (\$500,000) and VAMHCS (\$500,000) Replace PACS Jukebox at VAMHCS
2002	Replace R/F rooms at Washington DC (\$500,000), VAMHCS (\$500,000) and Martinsburg (\$500,000)
2003	Replace R/F rooms at Washington DC (\$500,000), VAMHCS (\$500,000) and Martinsburg (\$500,000)
<b>FISCAL YEAR</b>	<b>SELECTED INFORMATION TECHNOLOGY</b>
Not	Telecommunications Infrastructure Project (\$10,600,000) funded by HQ.
Identified	Purchase/implement Point of Care workstations throughout various clinical areas.
	Enhance telemedicine capability in mental health, dermatology and echocardiography.
	Continue working toward goal of a total electronic medical record.

**VISN 6**

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
2001	Renovate all VISN 6 acute bed units that scored a “D” or “F” in facility condition (\$20 million)
<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Design renovations to existing inpatient space to provide additional outpatient treatment space at Hampton. (\$320,000) Renovate existing space to provide a palliative care program at Hampton. (\$1,700,000) Renovate existing surgical suite at Durham to improve recovery space and patient privacy. (\$3,556,000) Design secondary access road at Beckley. (\$320,000)
2000	Renovate existing inpatient space to provide additional Rehab Medicine treatment space at VAMC to be determined (\$2,835,000) Re-engineer existing administrative space at VAMC Richmond to provide 10,000 additional sq. feet for sub-specialty primary care. (\$160,000 – design) Design renovation for VISN 6 libraries to provide a virtual library system. Project includes wiring, space reconfiguration, training areas, PC terminals, videoconferencing capabilities and CCTV. (\$160,000 – design) Provide secondary access road at Beckley. (\$3,150,000)
2001	Re-engineer existing administrative space at VAMC Richmond to provide 10,000 additional sq. feet for sub-specialty primary care. (\$1,340,000) Renovate VISN 6 libraries to provide virtual library system. (\$2,100,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Renovate existing space at VAMCs Beckley, Fayetteville, Salisbury and Hampton to provide ambulatory surgery. (\$1,000,000) Maintain existing VISN outpatient (\$5,000,000) and inpatient (\$3,900,000) infrastructure.
2000	Maintain existing VISN outpatient (\$5,000,000) and inpatient (\$4,000,000) infrastructure.
2001	Maintain existing VISN outpatient (\$5,000,000) and inpatient (\$4,000,000) infrastructure.



### SELECTED HIGHLIGHTS BY VISN

#### **VISN 6 (Continued)**

<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	Establish CBOCs at Danville VA, Greenville NC and Jacksonville NC. (\$195,000/yr – lease; \$260,000 – build out)
2000	Establish CBOCs at Wilmington NC and Raleigh NC. (\$130,000/yr – lease; \$300,000 – build out)
2001	Establish CBOCs at Norfolk VA and Lynchburg VA (\$130,000/yr – lease; \$300,000 – build out) Lease space for a Satellite OPC in Charlotte NC to provide primary and sub-specialty care. (\$1,100,000)
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
1999	Replace/upgrade CT Scanner for Fayetteville (\$1,043,690) and Neurovascular Angiography System for Richmond (\$2,200,000)
2000	Replace/upgrade Low Linear Accelerator for Richmond (\$1,400,000) and MRI Scanner for Asheville (\$2,600,000) and Durham (\$2,600,000).
2001	Replace/upgrade Cath Lab Phillips X-ray equipment for Durham. (\$1,400,000) Replace/upgrade Dual Energy Linear Accelerator (\$2,000,000) & Vascular Angiography (\$1,200,000) for Richmond.
<b>FISCAL YEAR</b>	<b>SELECTED INFORMATION TECHNOLOGY</b>
1999	Implement graphical user interface for Clinical patient Record System (\$3,250,000) Use high speed Wide Area Network technology to provide video and data communications (telemedicine/teleconference capability) between VAMCs. Capital procurements in this area will be a multi-year effort and will address radiology, pathology, cardiology and psychiatry. (\$750,000) Upgrade/replace telephone switch equipment at VISN and VAMCs. (\$400,000)
2000	Implement graphical user interface for Clinical patient Record System. (\$1,000,000) Use high speed Wide Area Network technology to provide video and data communications (telemedicine/teleconference capability) between VAMCs. Capital procurements in this area will be a multi-year effort and will address radiology, pathology, cardiology and psychiatry. (\$1,000,000) Upgrade/replace telephone switch equipment at VISN and VAMCs. (\$400,000)
2001	Implement graphical user interface for Clinical patient Record System. (\$1,000,000) Use high speed Wide Area Network technology to provide video and data communications (telemedicine/teleconference capability) between VAMCs. Capital procurements in this area will be a multi-year effort and will address radiology, pathology, cardiology and psychiatry. (\$1,000,000)

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**SELECTED HIGHLIGHTS BY VISN**

**VISN 7**

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
2000	VAMC Atlanta modernize patient wards (\$11,700,000)
<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Atlanta renovate shell space for outpatient care (\$2,558,000) Birmingham GYN/Female/Admin Clinics (\$704,080) Augusta Primary Care Clinic Support (\$1,396,667) CAVHCS renovate B-69 for long term psych (design \$330,216) Charleston expand specialty clinic (\$717,558) Dublin renovate NHCU (design \$392,063) Atlanta renovate ambulatory care phase II (design \$310,000) Columbia community standard upgrade – inpatient surgery (design \$387,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Atlanta renovate 6 <sup>th</sup> floor for education (\$40,000) Augusta renovate PCT Area (\$987,029) Augusta mental health outpatient clinic (\$900,585) Birmingham diagnostic practice group (\$47,037) Charleston renovate mental health service line (\$412,000) Charleston renovate for ambulatory surgery (\$897,000) Columbia medical clinic enhancement (\$731,000) Dublin renovate outpatient clinic (\$363,000) Maintain existing VISN inpatient/outpatient infrastructure (\$6,578,771)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	Activate eight CBOCs
2000	Savannah OPC lease (\$367,413)
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
1999	CAVHCS 2 Gamma Cameras (\$1,100,000) Atlanta MRI upgrade (\$686,000) Augusta MRI upgrade (\$800,000) Birmingham Digital Chest Scanner (\$512,305) & Vascular C-Arms (\$643,300) Charleston Digital Fluoro Rooms (\$814,000) Columbia Horizontal Image Reader (\$660,745)

**VISN 8**

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
1999	VAMC Miami, Hurricane and Flood contingency Addition (\$20,593,200)
2000	VAMC Tampa, Spinal Cord Injury/Rehab Center (\$23,000,000)
2001	VAMC Tampa, Improve Patient parking (\$11,000,000)
2002	VAMC Tampa, Improve Ambulatory Care Access (\$8,055,000)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
2000	Replacement Satellite OPC at Daytona, Florida (\$2,573,300)
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
2000	PACS and VISTA Imaging (\$19,253,412)

### SELECTED HIGHLIGHTS BY VISN

#### **VISN 9**

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
2000	Murfreesboro, Psychiatric and Patient Privacy (\$18,900,000)
<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION AND NON-RECURRING MAINTENANCE</b>
1999	Inpatient, Outpatient & Infrastructure (\$17,000,000)
2000	Inpatient, Outpatient & Infrastructure (\$18,000,000)
2001	Inpatient, Outpatient & Infrastructure (\$18,000,000)
2002	Inpatient, Outpatient & Infrastructure (\$19,000,000)
2003	Inpatient, Outpatient & Infrastructure (\$19,000,000)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	Add three CBOCs @ Southern Indiana, Clarksville, Tennessee and Southwest VA Mt. Home submitted two enhanced use leases to the VACIB and Enhance Use Leasing Office.
2000	Add one CBOC (final site determination pending.
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
1999	Medical Equipment (\$15,347,000), Non-medical Equipment (\$8,264,000)
2000	Medical Equipment (\$15,347,000), Non-medical Equipment (\$8,264,000)
2001	Medical Equipment (\$15,347,000), Non-medical Equipment (\$8,264,000)
2002	Medical Equipment (\$15,347,000), Non-medical Equipment (\$8,264,000)
2003	Medical Equipment (\$15,347,000), Non-medical Equipment (\$8,264,000)
<b>FISCAL YEAR</b>	<b>SELECTED INFORMATION TECHNOLOGY</b>
1999	Systems planned are below threshold total acquisition cost and life cycle cost.
2000	Systems planned are below threshold total acquisition cost and life cycle cost.
2001	Systems planned are below threshold total acquisition cost and life cycle cost.
2002	Systems planned are below threshold total acquisition cost and life cycle cost.
2003	Systems planned are below threshold total acquisition cost and life cycle cost.

#### **VISN 10**

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
2001	Cleveland Clinical & Surgical Consolidation (\$16,650,000) Note: Included because project is listed in 8107 report as a priority.
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
1999	PACS and VISTA Imaging (\$2,800,000)
2000	PACS and VISTA Imaging (\$2,000,000)
2001	PACS and VISTA Imaging (\$2,500,000)

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**SELECTED HIGHLIGHTS BY VISN**

**VISN 11**

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
2000	Indianapolis Patient Wards/Patient Environment (\$7,500,000 enhanced use funding to be used) Note: Included because project is listed in 8107 report as an FY2000 priority.
<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Inpatient (\$4,000,000), Outpatient (\$2,000,000), Infrastructure (\$1,000,000)
2000	Inpatient (\$3,000,000), Outpatient (\$3,000,000), Infrastructure (\$1,000,000)
2001	Inpatient (\$3,000,000), Outpatient (\$3,000,000), Infrastructure (\$1,000,000), Other (\$500,000)
2002	Inpatient (\$3,000,000), Outpatient (\$3,000,000), Infrastructure (\$1,000,000), Other (\$1,000,000)
2003	Inpatient (\$3,000,000), Outpatient (\$3,000,000), Infrastructure (\$1,000,000), Other (\$500,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	OPC Toledo procedure room (\$75,000) Ann Arbor replace linear accelerator (\$100,000) Detroit renovate Urgent Care/Phlebotomy (\$210,000) Detroit construct Patient Education Center (\$150,000) NIHCS cook/chill installation (\$35,000) Saginaw renovate Urgent Care Area (\$80,000)
2000	Ann Arbor construct satellite canteen (\$180,000) Danville female privacy upgrade (\$180,000) Danville renovate quarters bldg. For hoptel (\$80,000) Saginaw renovate 2 <sup>nd</sup> floor for Pulmonary Lab & radiology (\$200,000)
2001	Maintain existing VISN inpatient/outpatient infrastructure
2002	Maintain existing VISN inpatient/outpatient infrastructure
2003	Maintain existing VISN inpatient/outpatient infrastructure
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	Ann Arbor OPC (\$501,960) Lease renewals OPC Peoria (\$118,003), OPC Gaylord (\$68,000), CBOC Decatur (\$114,870)
2000	Ann Arbor OPC (\$516,928) Lease renewals OPC Peoria (\$118,003), CBOC Decatur (\$115,110), OPC Gaylord (\$71,000) New CBOCs Bloomington/Normal (\$30,000) & Charleston (\$30,000)
2001	Ann Arbor OPC (\$529,852); Lease renewal OPC Gaylord (\$75,000)
2002	Ann Arbor OPC (\$543,097); Lease renewal OPC Gaylord (\$79,000)
2003	Ann Arbor OPC (\$556,675); Lease renewal OPC Gaylord (\$83,000)
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
1999	Ann Arbor ultrasound unit (\$250,000) & Linear Accelerator/Simulator (\$2,500,000) Battle Creek advance food prep system (\$625,000) Danville GU OR table (\$318,000) Indianapolis Ortho Radiology room (\$598,380), Cineangiography System (\$999,999), Ultrasound (\$195,000) NIHCS R/F unit (\$529,000) Saginaw telephone system (\$750,000)
2000	Ann Arbor CD digital plane readers (\$275,000) & microsurgery microscope (\$212,000) Battle Creek CT Scanner (\$800,000) Danville 2 digital R/F Systems (\$1,053,000), hematology analyzer (\$250,000), Single Photon Emission CT (\$790,000) & PACS (\$2,152,000) Indianapolis replace treatment simulator (\$1,000,000), ultrasound (\$350,000), OR table/C-arm (4300,000), Gamma Camera (\$900,000), Orbiter (\$900,000), Neuro microscope (\$163,000) Indianapolis add total body tomography imaging system (\$623,330), MRI scanner (\$1,000,000) & digital archiving/storage system (\$738,484) NIHCS X-ray apparatus (\$292,000), urology table (\$258,000), Gamma Camera (\$388,000) Saginaw Gamma Camera (\$750,000), X-ray unit (\$480,000), ultrasound (\$330,000)

### SELECTED HIGHLIGHTS BY VISN

#### VISN 11 (Continued)

<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
2001	Ann Arbor Advance Food Prep System (\$635,236) & CT Scanner (\$800,000) Danville Spiral Scanner (\$550,000) & Scintillation Counting System (\$684,730) Indianapolis replace 2 Linear Accelerators (\$3,000,000) & ultrasound (\$350,000) Indianapolis R/F unit (\$500,000) NIHCS telephone system upgrade (\$836,000) & X-ray table (\$478,000) Saginaw X-ray unit (\$500,000) & Monitor System (\$200,000)
2002	Danville portable ultrasound (\$202,000)
2003	Danville Analyzer System (\$871,815)
<b>FISCAL YEAR</b>	<b>SELECTED INFORMATION TECHNOLOGY</b>
1999	Microsoft License (\$1,213,694) Year 2000 compliance (\$900,000) Telephone Triage (\$2,000,000) CAIRO software development (\$300,000) WAN review/modernization (\$1,400,000) Voice Recognition (\$500,000)

#### VISN 12

<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Outpatient improvements (\$9,905,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Maintain/improve outpatient (\$906,350), inpatient (\$906,350) and infrastructure/physical plant (\$16,314,300)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	Crown Point, IN CBOC

#### VISN 13

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
2000	VAM&ROC Fargo environmental improvements (\$10,000,000)
<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Sioux Falls NHCU renovation (\$3,625,000) & Mental health beds renovation (\$300,000) Fargo ambulatory care renovation (\$1,882,000) Minneapolis psych wards renovation (\$801,000) St. Cloud ambulatory care expansion (\$252,000) Black Hills HCS domiciliary renovation for patient privacy (\$120,000)
2000	Improvements: Inpatient (41%) & outpatient (59%) of projected funding
2001	Improvements: Inpatient (50%) & outpatient (50%) of projected funding
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Black Hills HCS (\$2,170,000), Fargo (\$827,788), Minneapolis (\$225,000), Sioux Falls (\$957,000), St. Cloud (\$1,230,000), Network Emergency Reserve (\$89,212)
2000	Infrastructure (100%)v
2001	Infrastructure (100%)
2002	Infrastructure (100%)
2003	Infrastructure (100%)

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**SELECTED HIGHLIGHTS BY VISN**

**VISN 13 (Continued)**

<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	Pursue four CBOCs for implementation at Sioux City IA, Brainerd MN, Fergus Falls MN & St. Paul MN
2000	3 CBOCs planned
2001	5 CBOCs planned
2002	5 CBOCs planned
2003	2 CBOCs planned
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
1999	PET Scanner (\$1,700,000)
<b>FISCAL YEAR</b>	<b>SELECTED INFORMATION TECHNOLOGY</b>
1999	No IT projects which exceed \$10 Million threshold per project.

**VISN 14**

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
1999	Omaha ward renovation was approved for FY 1998. Design has been completed with a Construction Contract Award scheduled for May 1999.
<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Knoxville expand Primary Care services (\$819,000) Omaha Outpatient Clinic expansion (\$1,339,565) Iowa City renovate inpatient facilities, 7 <sup>th</sup> floor, design only (\$350,000) Grand Island renovate NHCU, design only (\$390,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Maintain/improve VISN infrastructure (\$8,707,896)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	CBOC planned to open in Galesburg, Ill
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
1999	Iowa City: Digital EEG (\$102,471) and MUSE Cardiology System (\$130,391) Omaha: Video bronchoscope (\$62,327) and Ultrasonic aspirator CUSA System (\$69,000)
<b>FISCAL YEAR</b>	<b>SELECTED INFORMATION TECHNOLOGY</b>
1999	TIP project completion scheduled for 2 <sup>nd</sup> quarter

**VISN 15**

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
2000	VAMC Kansas City new Surgical Suite & PACU (\$11,150,000)

**VISN 16**

<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Outpatient Care (\$5,803,000), Inpatient Care (\$11,765,000), Infrastructure/Physical Plant (\$5,326,000), Other (\$6,731,000)
2000	Outpatient Care (\$5,741,000), Inpatient Care (\$20,250,000), Infrastructure/Physical Plant (\$9,814,000), Other (\$8,889,000)
2001	Outpatient Care (\$1,561,000), Inpatient Care (\$5,490,000), Infrastructure/Physical Plant (\$2,000,000), Other (\$12,559,000)

### SELECTED HIGHLIGHTS BY VISN

#### VISN 16 (Continued)

<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Outpatient Care (\$2,106,000), Inpatient Care (\$1,836,000), Infrastructure/Physical Plant (\$26,019,000), Other (\$18,098,000)
2000	Inpatient Care (\$2,585,000), Infrastructure/Physical Plant (\$20,417,000), Other (\$9,360,000)
2001	Outpatient Care (\$570,000), Inpatient Care (\$970,000), Infrastructure/Physical Plant (\$15,459,000), Other (\$7,035,000)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	Major lease for Pensacola OPC (\$391,248) Major lease for Baton Rouge OPC (391,248) 18 CBOCs planned
2000	7 CBOCs planned
2001	2 CBOCs planned
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
2000	Houston MRI (\$2,600,000)
<b>FISCAL YEAR</b>	<b>SELECTED INFORMATION TECHNOLOGY</b>
1999	Telecomm (\$2,595,000), software (\$2,792,000), PCs (\$5,284,000), Servers (\$120,000), VISTA enhance (\$1,229,000) Training (\$185,000), Video (\$1,225,000)
2000	Telecomm (\$972,000), software (\$2,455,000), Radio (\$1,500,000), PCs (\$5,284,000), Servers (\$280,000), Training (\$165,000), Video (\$300,000)
2001	Telecomm (\$3,372,000), software (\$2,455,000), Radio (\$1,500,000), Training (\$165,000), Video (\$180,000)
2002	Telecomm (\$772,000), software (\$155,000), Radio (\$1,500,000), Training (\$165,000)
2003	Telecomm (\$772,000), software (\$155,000), Radio (\$1,500,000), Training (\$165,000)

#### VISN 17

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
2000	Dallas Mental health enhancement (\$25,900,000)
<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Outpatient (\$4,390,000), Inpatient (\$3,935,000), Infrastructure/Physical Plant (\$1,800,000)
2000	Outpatient (\$4,990,000), Inpatient (\$7,720,000), Infrastructure/Physical Plant (\$240,000)
2001	Outpatient (\$5,310,000), Inpatient (\$870,000), Infrastructure/Physical Plant (\$2,310,000), Other (\$2,500,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Outpatient (\$1,020,000), Inpatient (\$2,275,000), Infrastructure/Physical Plant (\$10,723,000), Other (\$710,000)
2000	Outpatient (\$150,000), Inpatient (\$2,049,000), Infrastructure/Physical Plant (\$13,886,000), Other (\$300,000)
2001	Outpatient (\$150,000), Inpatient (\$1,860,000), Infrastructure/Physical Plant (\$10,512,000), Other (\$450,000)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	Austin OPC (\$653,256) 11 CBOCs planned
2000	6 CBOCs planned
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
1999	San Antonio replace physiological monitors throughout facility (\$1,250,000)
2000	San Antonio replace physiological monitors throughout facility (\$1,250,000) Dallas new Linear Accelerator (\$2,100,000)
2001	Dallas replace MRI (\$3,500,000)

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**SELECTED HIGHLIGHTS BY VISN**

**VISN 18**

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
2000	Tucson Outpatient Addition (\$27,800,000)
<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Inpatient (\$4,180,000), Outpatient (\$178,000), Other (\$250,000)
2000	Inpatient (\$2,729,000), Outpatient (\$1,780,000), Infrastructure/Physical Plant (\$500,000)
2001	Inpatient (\$2,410,000), Infrastructure/Physical Plant (\$500,000), Other (\$2,500,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Inpatient (\$1,040,000), Outpatient (\$300,000), Infrastructure/Physical Plant (\$5,752,000)
2000	Inpatient (\$1,867,000), Outpatient (\$875,000), Infrastructure/Physical Plant (\$5,400,000)
2001	Inpatient (\$1,500,000), Outpatient (\$3984,000), Infrastructure/Physical Plant (\$6,709,000)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	Plan to establish 10 new CBOCs
2000	Plan to establish 6 new CBOCs
	Lubbock OPC (\$600,000)
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
1999	Plan to address need for completely new telephone systems at three facilities.

**VISN 19**

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
1999	VAMC Denver was approved for a new parking structure in FY 99 (\$11,900,000)
<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Outpatient (\$2,264,000), Other (\$1,346,000)
2000	Outpatient (\$809,000), Infrastructure (\$1,374,000), Other (\$1,391,000)
2001	Outpatient (\$2,251,000), Infrastructure (\$1,409,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Inpatient (\$1,136,000), Outpatient (\$1,198,000), Infrastructure (\$2,741,000), Other (\$848,000)
2000	Inpatient (\$1,151,000), Outpatient (\$1,214,000), Infrastructure (\$2,717,000), Other (\$859,000)
2001	Inpatient (\$1,151,000), Outpatient (\$1,214,000), Infrastructure (\$2,717,000), Other (\$859,000)

**VISN 20**

<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Outpatient (\$3,625,000), Inpatient (\$3,063,000)
2000	Inpatient (\$7,021,000)
2001	Inpatient (\$7,355,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Outpatient (\$1,539,000), Inpatient (\$1,129,000), Infrastructure (\$5,131,000), Other (\$2,463,000)
2000	Outpatient (\$1,616,000), Inpatient (\$1,185,000), Infrastructure (\$5,387,000), Other (\$2,586,000)
2001	Outpatient (\$1,697,000), Inpatient (\$1,244,000), Infrastructure (\$5,656,000), Other (\$2,715,000)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	Add seven CBOCs at Bremerton/Kitsap County WA, Klamath Falls OR, Lincoln city OR, Olympia/South Thurston County WA, Longview WA, North Coast OR and Central Washington WA
2000	Add two CBOCs at Bellingham WA and The Dalles OR
2001	Add one CBOC at Grants Pass OR



### SELECTED HIGHLIGHTS BY VISN

#### VISN 21

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
2000	VA Palo Alto HCS Seismic Corrections for Gero-Psychiatric NHCU (\$22,400,000) Fresno Seismic Correction, Outbuildings (\$13,000,000) Fresno Expand NHCU (\$6,600,000) San Francisco Seismic Corrections (\$28,300,000) Note: Fresno and San Francisco are included because projects are listed in 8107 report as FY2000 priorities.
<b>FISCAL YEAR</b>	<b>SELECTED MINOR CONSTRUCTION</b>
1999	Inpatient (\$2,250,000), Outpatient (\$4,464,000)
2000	Inpatient (\$3,283,000), Outpatient (\$940,000), Infrastructure (\$2,243,000) Other (\$825,000)
2001	Inpatient (\$376,000), Outpatient (\$3, 209,000), Infrastructure (\$3,973,000) Other (\$310,000)
<b>FISCAL YEAR</b>	<b>SELECTED NON-RECURRING MAINTENANCE</b>
1999	Inpatient (\$1,783,000), Outpatient (\$1,242,000), Infrastructure (\$7,244,000) Other (\$1,370,000)
2000	Outpatient (\$1,920,000), Infrastructure (\$6,921,000) Other (\$2,959,000)
2001	Inpatient (\$150,000), Outpatient (\$865,000), Infrastructure (\$5,692,000) Other (\$5,143,000)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
1999	Pursuing three CBOCs at Travis AFB, Visalia CA and Sparks NV
2000	Pursuing two CBOCs at Lemoore CA and Paso Robles CA
2001	Pursuing two CBOCs at Oakhurst CA and Winward HI
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
1999	Fresno (\$2,307,000), Honolulu (\$600,000), NorCal HCS (\$810,000), Palo Alto HCS (\$580,000), Reno (\$1,235,000), San Francisco (\$2,239,000)

#### VISN 22

<b>FISCAL YEAR</b>	<b>MAJOR CONSTRUCTION</b>
1999	Long Beach clinical consolidation (\$3,840,000)
2000	Long Beach clinical consolidation (\$13,142,000) San Diego Seismic Code Corrections Bldg. 1 (\$24,800,000) Long Beach Correct Seismic deficiencies, Bldg. 2, 7, 8 and close Bldg. 3 (\$21,000,000)
2001	Long Beach clinical consolidation (\$13,500,000)
<b>FISCAL YEAR</b>	<b>SELECTED LEASING</b>
2000	San Diego Research Building (\$1,066,511)
<b>FISCAL YEAR</b>	<b>SELECTED EQUIPMENT</b>
1999	West Los Angeles replace Cardiac Catheterization Lab (\$2,650,378)
2000	West Los Angeles purchase and install additional MRI Scanner (\$3,939,050)



**VETERANS HEALTH ADMINISTRATION  
VETERANS INTEGRATED SERVICE NETWORK (VISN) DIRECTORS**

Contact the VISN Director for additional information on a particular VISN.

<b>VISN</b>	<b>SELECTED GEOGRAPHIC AREAS</b>
<b>VISN 1-New England Healthcare System</b> Denis J. FitzGerald, M.D., MHA 200 Spring Road, Building 61 Bedford, MA 01730 Phone: (781) 687-3400	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont
<b>VISN 2-Healthcare Network Upstate New York</b> Frederick L. Malphurs P. O. Box 8980 Albany, NY 12208-0980 Phone: (518) 472-1055	Albany, NY Batavia, NY Bath, NY Buffalo, NY Canandaigua, NY Syracuse, NY
<b>VISN 3-New York/New Jersey Network</b> James J. Farsetta, FACHE 130 W. Kingsbridge Road, Building 16 Bronx, NY 10468 Phone: (718) 579-3590	Bronx, NY Brooklyn, NY Castle Point, NY Montrose, NY New York, NY Northport, NY New Jersey
<b>VISN 4-Stars and Stripes Healthcare Network</b> Lawrence A. Biro VA Medical Center Delafield Road Pittsburgh, PA 15240 Phone: (412) 784-3939	Delaware Pennsylvania Clarksburg, WV
<b>VISN 5-Capitol Network</b> James J. Nocks, M.D. 849 International Drive, Suite 275 Linthicum, MD 21090 Phone: (410) 691-1131	Maryland Washington, D. C. Martinsburg, WV
<b>VISN 6-Mid-Atlantic Network</b> Gerard Husson (Acting) 300 Morgan Street, Suite 1402 Durham, NC 27701 Phone: (919) 956-5541	North Carolina Virginia Beckley, WV
<b>VISN 7-Healthcare System of Atlanta</b> Larry R. Deal 2200 Century Parkway, N.E., Suite 260 Atlanta, GA 30345-3203 Phone: (404) 728-4100	Alabama Georgia South Carolina
<b>VISN 8-Sunshine Healthcare Network</b> Robert H. Roswell, M.D. P. O. Box 5007 Bay Pines, FL 33744 Phone: (813) 319-1125	Florida Puerto Rico
<b>VISN 9-Mid-South Healthcare Network</b> John Dandridge, Jr. 1310 24 <sup>th</sup> Avenue South Nashville, TN 37212-2637 Phone: (615) 340-2397	Kentucky Tennessee Huntington, WV

**Summary of Network Strategic Planning Information, 1999-2003**  
**Appendix**

<b>VISN</b>	<b>SELECTED GEOGRAPHIC AREAS</b>
<b>VISN 10-Healthcare System of Ohio</b> Laura J. Miller 8600 Governor's Hill Road, Suite 115 Cincinnati, OH 45249 Phone: (513) 697-2603	Ohio
<b>VISN 11-Veterans Integrated Service Network</b> Linda W. Belton P. O. Box 134002 Ann Arbor, MI 48113 Phone: (313) 930-5950	Indiana Danville, IL Ann Arbor, MI Battle Creek, MI Detroit, MI Saginaw, MI
<b>VISN 12-Great Lakes Healthcare System</b> Joan E. Cummings, M.D. Fifth Avenue & Roosevelt Road, Building 18 Hines, IL 60141-5000 Phone: (708) 786-3737	Wisconsin Chicago, IL (Lakeside, Westside, North) Hines, IL Iron Mountain, MI
<b>VISN 13-Upper Midwest Network</b> Robert A. Petzel, M.D. 5445 Minnehaha Avenue South, Second Floor Minneapolis, MN 55417-2300 Phone: (612) 725-1968	Minnesota North Dakota South Dakota
<b>VISN 14-Central Plains Network</b> Vincent W. Ng 600 South 70 <sup>th</sup> Street Lincoln, NE 68510 Phone: (402) 484-3200	Iowa Nebraska
<b>VISN 15-Heartland Network</b> Patricia A. Crosetti, MBA, MPA 4801 Linwood Boulevard Kansas City, MO 64128 Phone: (816) 922-2908	Kansas Missouri Marion, IL
<b>VISN 16-Veterans Integrated Service Network</b> John R. Higgins, M.D. 1461 Lakeover Road Jackson, MS 39213 Phone: (601) 364-7901	Arkansas Louisiana Mississippi Oklahoma Houston, TX
<b>VISN 17-Heart of Texas Healthcare Network</b> Vernon Chong, M.D. 1901 North Highway 360, Suite 350 Grand Prairie, TX 75050 Phone: (817) 649-2992	Bonham, TX Dallas, TX Kerrville, TX Marlin, TX San Antonio, TX Temple, TX Waco, TX
<b>VISN 18-Southwest Healthcare Network</b> Jonathan A. Gardner (Acting) 6001 S. Power Road, Building 237 Mesa, AZ 85206-0910 Phone: (602) 222-2681	Arizona New Mexico Amarillo, TX Big Spring, TX El Paso, TX
<b>VISN 19-Rocky Mountain Network</b> Terrence S. Batliner, DDS, MBA 4100 East Miss Avenue, Suite 510 Glendale, CO 80222 Phone: (303) 756-9279	Colorado Montana Utah Wyoming

**Summary of Network Strategic Planning Information, 1999-2003**  
**Appendix**

<b>VISN</b>	<b>SELECTED GEOGRAPHIC AREAS</b>
<b>VISN 20-Northwest Network</b> W. Ted Galey, M.D. P. O. Box 1035 Portland, OR 97207 Phone: (360) 690-1832	Alaska Idaho Oregon Washington
<b>VISN 21-Sierra Pacific Network</b> Robert Wiebe, M.D. 301 Howard Street, Suite 700 San Francisco, CA 94105 Phone: (415) 744-6231	Northern California Central California Northern Nevada Hawaii Philippines
<b>VISN 22-Desert Pacific Healthcare Network</b> Smith Jenkins, Jr. 5901 East Seventh Street Long Beach, CA 90822 Phone: (562) 494-5963	Southern California Southern Nevada

For general information focused at the National level, contact:

Bruce Plecinski, Director, Delivery System Planning Or Dawn Donald, Delivery System Planning	Veterans Health Administration Office of Policy and Planning (105C) 810 Vermont Avenue, N. W. Washington, D. C. 20420 Phone: (202) 273-8938
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**Summary of Network Strategic Planning Information, 1999-2003**  
**Appendix**

## **VHA OFFICE OF POLICY AND PLANNING INFORMATION**

*Summary of Network Strategic Planning Information, 1999-2003*

**and other Policy and Planning  
information is available on the VA Intranet at:**

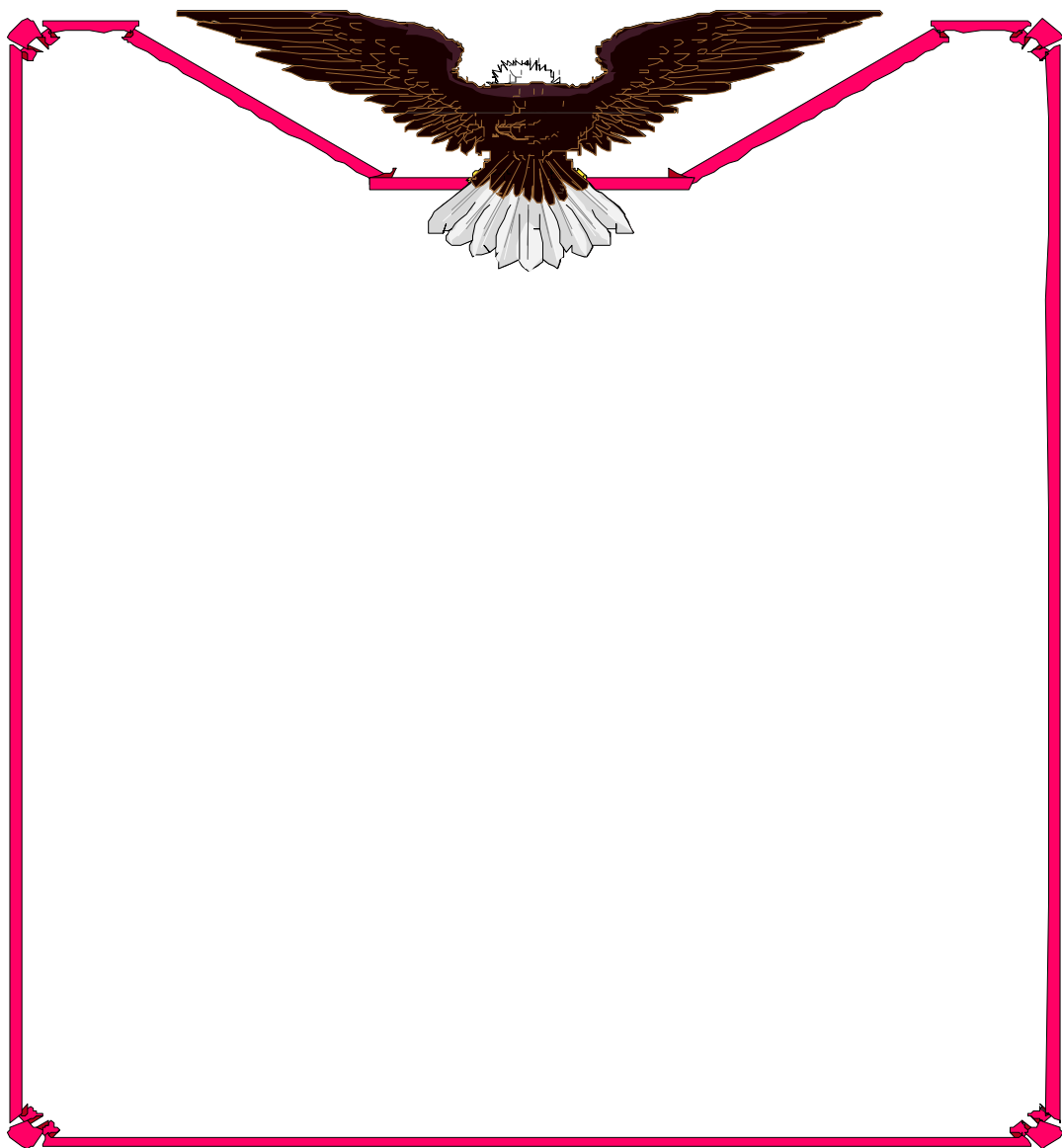
**<http://vaww.va.gov/stratinit/index.htm>**

**For additional information  
Contact:**

**Office of Policy and Planning (105)  
Veterans Health Administration  
Department of Veterans Affairs  
810 Vermont Avenue, N. W.  
Washington, D. C. 20420  
(202) 273-8932**







**DEPARTMENT OF VETERANS AFFAIRS**  
**VETERANS HEALTH ADMINISTRATION**  
**OFFICE OF POLICY AND PLANNING (105)**

